AN ANTHROPOLOGY OF CHAPLAINCY MODEL FOR PASTORAL CARE

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ABSTRACT

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The context of the project was the Baptist Medical Center, located in Southwest San Antonio, Texas. The problem identified in the context was the need to explore the development of a relationship between behavioral health, mental health teams, and pastoral care. The hypothesis was that if behavioral health teams were educated about the services of the hospital's Clinical Pastoral Care department, then these separate departments would feel more encouraged to work holistically to address the spiritual and emotional needs of patients. The data collection methodology used to affirm the hypothesis included pre- and post-questionnaires, interviews, journaling, group discussions, and observations.

ACKNOWLEDGEMENTS

As in all things, I give glory to the Lord Almighty for seeing me through this endeavor. At the onset of this body of work, I did not fully comprehend how much of his hand would be on my head, not only to conceptualize and complete the work, but to send the people that he did to help me. I have truly been transformed by this undertaking.

Secondly, I must thank my mother, God rest her soul. There are so many things that I wish she could have seen and celebrated with me in this realm. She always was and continues to be a light in me, the person who believed in me, sacrificed for me, and solidified the notion that "One Monkey Don't stop no show."

To my children, the heartbeats outside of my body, thank you for being patient enough to love through.

DEDICATION

For mom.

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ABBREVIATIONS

CAN	Certified Nursing Assistant
CPE	Clinical Pastoral Education
DSM	Diagnostic and Statistical Manual of Mental Disorders
EVS	Environmental Services, Housekeeping
GI Bill	Government Issue (education funding for service members)
ICU	Intensive Care Unit
MST	Military Sexual Trauma
NCO	Non-Commissioned Officer
NGO	Non-Government Organization
PTSD	Post Traumatic Stress Disorder
RN	Registered Nurse
TCM	Traditional Chinese Medicine
VA	Veteran's Affairs

Research is formalized curiosity. It is poking and prying with a purpose.

—Zora Neale Hurston

INTRODUCTION

Studies at United Theological Seminary have enriched the personal and professional ministry of the researcher. Serving as both a military chaplain and a clinical hospital chaplain has provided a wide range of opportunities to serve, observe, and develop a meaningful strategy to integrate chaplains into behavioral health teams in prodigious organizations. Life experience, coupled with personal experience, has provided the integral framework for the creation and development of An Anthropology of Chaplaincy, which seeks to explore ways in which chaplains can be fully utilized within large organizations as contributors to the mental health needs of patients and staff.

The Ministry Focus chapter assisted in conceptualizing the specific factors that comprise the environment of clinical chaplaincy and the trek through dysfunction, spiritual pain, and the faith journey. The specific problems, crises, circumstances, and dilemmas, and how they all converge to form the basis and revelation of the need for the integration of spirituality into the larger organizations, specifically hospital chaplaincy.

Clinical chaplains assist patients and sometimes staff to make sense of spiritual pain related to illness. In some cases, they assist in making sense of spiritual pain in general. Other healing methodologies, including Traditional Chinese Medicine (TCM), Ayurveda, and indigenous healing practices, are ancient healing systems that consistently incorporate the emotional, mental, and spiritual into the healing modality. Most Western allopathic modalities of healing treat symptoms, rarely addressing the root causes of

illness. The individual is treated as a patient, rather than a total being, where mind, body, and soul are addressed. Treatment is segmented or compartmentalized rather than seeing the illness of the body in totality. This is evident in the multidisciplinary fields present in the medical community, where there are many sub-medical disciplines that must coordinate for patient treatment. This chapter also addressed the marrying of personal experience to professional development, and the significant areas that contributed to the formation of An Anthropology of Chaplaincy, which, through a secular thought process, addresses the spiritual solution to spiritual pain.

The Biblical Foundations chapter provides the scripture to be used as a point of reference for a spiritual foundation and the formation of An Anthropology of Chaplaincy, Jer 29:11. This scripture reinforces the deliberateness of God toward his people on an individual and collective level. The historical, cultural, and exegetical components of the passage are analyzed to divide it into compartments, enabling a meaningful dissection of God's intentionality toward his people, especially during crisis moments. This undergirds the project through the exploration of the meaning of suffering during crisis or illness. It reinforces the need to understand what ancient Near Eastern peoples experienced in light of the covenant relationship. It also draws parallels between modern-day, twenty-first-century cultural norms and behaviors.

Additionally, it explores the evolution away from traditional Christian beliefs and parallels the challenges faced by both the ancients and modern people. Finally, it will explore the exegetical component of the verse to reinforce the deliberateness of the plan of God for redemption and restoration despite the outward appearance, giving a nod to trauma-informed care.

The Historical Foundations chapter explores the historical substructure related to Christian Anthropology and the formation of Anthropological Chaplaincy. Zora Neal Hurston, the first Black, female anthropologist, is the focus of the study. Her ability to create a place for herself despite social, political, cultural, and religious provocations has catapulted her to a formidable position in anthropology, literature, and performance art. She is a renowned writer, but much of her work in anthropology has not been highlighted in mainstream culture. This chapter also highlights her ability to navigate racism, intersectionality, and financial hardship.

Additionally, Hurston has paved the way for many Women of Color writers and inspired Alice Walker to find her unmarked grave and respectfully create a heritage marker more aligned with the life she lived. Regardless of Hurston's tragic end in poverty, she now receives her flowers. Her formidable contributions to anthropology and literature have gained traction, and she is considered a trailblazer in the world of Anthropology. Hurston's creativity and authenticity within the anthropological space are worthy of mention. Hurston, rather than observing the groups of analysis, participated in the activities of the groups. This method of approach is similar to chaplaincy, especially military chaplaincy, where chaplains are integrated into the units, readily available, and participants in most unit activities. This creates a sense of camaraderie and builds rapport and trust.

This aspect of knowledge and or data collection allows for a more intimate relationship development. It is through this intimacy that more data can be collected that may not have been otherwise exposed. For example, while serving as a military chaplain during the COVID-19 pandemic, it was not uncommon to work at the medical examiner's

office as part of morgue duty. Airmen and soldiers were in charge of transporting the remains of patients from the medical examiner's office to refrigerated trailers. Participating with the soldiers and airmen to move remains allowed chaplains to share in the olfactory, gustatory, and physical senses that accompany working with cadavers.

Additionally, the ability to provide pastoral care to service members during this crisis enlarged the capacity of the chaplain in the role of mental health services as they were able to discuss or debrief feelings and thoughts related to working with remains of the dead.

The Theological Foundations chapter explores Christian Anthropology and how it contributes to the world view and progression of pastoral care away from a biblically based model to a more secular school of thought. Paradoxically, Christian Anthropology offers some insight on how to merge the evolution of Christianity, morals, principles and beliefs from antiquated models to a postmodern dynamic while remaining authentic to the Gospel. This is done through the exploration of various cultural and religious practices within the discipline. Womanist Theology and Minjung Theology are highlighted as subcategories contributing to the cultural evolution of empathy, compassion and seen and unseen bias embodied in their respective categories.

The Interdisciplinary Foundations chapter builds on the early works of Zora Neal Hurston, creating a baseline of anthropological methods. The methods are used to create a discipline in clinical chaplaincy, An Anthropology of Chaplaincy, to use as a method of integration into multidisciplinary behavioral health teams. An Anthropology of Chaplaincy serves as a clinical justification for the integration. As referenced earlier, clinical chaplaincy is segregated from the multi-disciplinary mental health teams, leaving

a vacuum with regard to the triune being and addressing the physical, spiritual, and emotional.

Attachment theory was used as the secular argument to reinforce the dynamics of spiritual relationships that begin in infancy and how those relationships affect an individual's ability to form secure or insecure attachments. These attachment styles create the cornerstones for all future relationships. Many mental health crises are centered around relationships and the inability to navigate through emotional intelligence, metabolic imbalance, and stability (Maslow's Hierarchy of Needs). Attachment theory also serves in a metaphoric capacity, demonstrating the benefits of a strong foundational relationship with God during times of crisis, with God serving as the essential, rudimentary secure attachment.

Two important diagrams are presented. They are integral to the practice of An Anthropology of Chaplaincy. A Biopsychosocial Model as reinterpreted by the essayist, which includes biological, spiritual, pathological, reality, truth, education, social, and cultural categories, which contribute profoundly to the ability to form healthy attachments and maintain them throughout life.

Secondly, a Mental Health model, created as a result of the research, An Anthropology of Chaplaincy, centers upon *ƒ*Jer. 29:11, integrating secular psychological and spiritual concepts, merging them to form a pictograph, enabling a simple yet profound comprehension on sight of the categories which run parallel to mental health and can be spiritually addressed through chaplaincy. The categories include epigenetics/generational curses, Maslow's Hierarchy of Needs, Attachment Theory, trauma, the Gospel transforming trauma, emotional intelligence, relationship to self,

relationship to others, and quality relationships. The categories run in a cyclical, clockwise direction, indicating the evolution and development of the spirit and building on the foundational premise of Jeremiah 29:11. This is an important component of the book because it provides the basis for, and clearly demonstrates, the utility of integrating chaplaincy and mental health collaboration for leaders and practitioners.

The final Project Analysis chapter engages participants in a series of activities to test the hypothesis, research design, implementation, and assessment. The uniqueness of this chapter synthesizes the research and information gathered from the foundation chapters, translating that information into practical ways for the clinical chaplain practitioner to readily address spiritual pain. As previously mentioned, the creation of An Anthropology of Chaplaincy is anchored in Jer 29:11. Through the creation of a spiritual assessment tool, a model that blends both the spiritual and psychological aspects of healing spiritual pain, the convergence of interdisciplinary teams, pastoral care, and behavioral health will form a symbiotic relationship better able to meet patient needs.

The Doctoral Project affirmed the hypothesis, as supported by the research design, implementation, and assessment. The data collected supported the proposed postulation. The summary of findings served as a reinforcement for the implementation of this project across the hospital organization, which operates approximately sixty hospitals.

CHAPTER ONE

MINISTRY FOCUS

Introduction

In this chapter, I will share how my ministerial training, passion for the profession of hospital chaplaincy, and specific expertise intersect to form the foundations for the Doctor of Ministry project. I will explore the anthropology of hospital chaplaincy and sift through the origins of clergy in healthcare as it relates to mental health and wellness. The challenging task is to create a transformative, integrated model of hospital chaplaincy accepted by mental health interdisciplinary teams through actionable research that meaningfully addresses the mental health of patients, staff, and families while operating as a biblically based Christian within the hospital setting. The goal is to explore how to better utilize the profession of chaplaincy in the hospital setting as interdisciplinary members of the behavioral health team. Multiple underlying needs were identified as related to the actualization and solving of the contextual problem. I will address the underlying essentials as they correspond to the greater exigency: the need for healthcare chaplains to be given the room to operate as part of the Mental Health Interdisciplinary team.

Context

As a healthcare chaplain, I am interested in understanding the correlation between high religiosity and low mental health thresholds. While San Antonio has a large population of relatively devout practitioners of Catholicism, Islam, Protestantism, and Pagan religions, there exist the marginalized and the celebrated, intermittent mental health issues undiagnosed and or untreated. Emergency rooms have experienced an increase in cases of suicide ideation, schizophrenia, bipolar disorder, depression, psychotic outbursts, and sometimes homicide.

I have witnessed the age ranges vary from as young as fourteen years old to eighty-three years old. Adequate and available inpatient mental health beds are sparse. Outpatient mental health appointments can sometimes take weeks to obtain. As a veteran having worked in inpatient mental health at Veteran Affairs (VA) facilities, I have witnessed firsthand the difficulty of treatment and placement. Mental health issues are treated with medication and minimal interpersonal communication, counseling, and introduction of coping strategies. The focus is to treat symptoms rather than the source or underlying cause of the illness. Pharmaceuticals are primarily used as interventional drugs to mitigate the crisis, leaving holistic, well-rounded interpersonal treatment options specifically for Veterans.

The city of San Antonio is home to over eight hundred thousand military-affiliated personnel, many of whom battle some form of mental illness, including Military Sexual Trauma (MST), Post Traumatic Stress Disorder (PTSD), Bipolar Disorder, Traumatic Brain Injury, and countless other mental health-related illnesses. Eleven percent of the total population within San Antonio city limits is comprised of military-

affiliated individuals who take advantage of available mental health resources. [1] In addition, the COVID-19 epidemic has been the catalyst for the population boom of San Antonio, which has increased exponentially since the beginning of the pandemic. Many of the people who have moved to the area are in need of mental health services based on the effects of the pandemic, as it relates to job loss, loss of loved ones, and a continued string of related problems that contribute to mental illness.

Despite these challenges, San Antonio was ranked the 10th-best city to live in by Travel + Leisure Magazine in July of 2023.[2] San Antonio is home to a semi-diverse population, with the majority of residents identifying as Hispanic (64%), and the rest identifying as African American (2.7%), White (24.8%), or Asian (1.5%).[3] While the statistics seem straightforward and lacking in diversity, due to the number of military-affiliated persons living in the area, there are communities of Middle Eastern, Haitian, Indian, and even West African descent planted throughout the city.

Historically, these cultures have a worldview regarding mental health treatment that does not align with current Western paradigms. As such, many mental health disorders in these communities go unaddressed and untreated. This is remarkably evident in the influx of geriatric mental health patients.

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[1] Katherine L. Kuzminski, Nathalie Grogan, and Celina Pouchet, "Greater San Antonio Military & Veteran Family Needs Assessment," Center for a New American Security, November 10, 2022, https://www.cnas.org/press/press-release/new-cnas-report-greater-san-antonio-military-veteran-family-needs-assessment.

[2] Christine Burroni, "Travel and Leisure Readers' 15 Favorite Cities in the United States of 2023," Travel and Leisure, July 11, 2023, https://www.travelandleisure.com/best-cities-in-the-united-states-2023-7501553.

[3] World Population Review, "San Antonio, Texas Population, 2024," accessed December 5, 2024, https://worldpopulationreview.com/us-cities/texas/san-antonio.

Baptist Health Systems has two inpatient geriatric units. Many of the admitted patients have lived with unrecognized and untreated mental health issues that surface during times of crisis, causing an even greater calamity within the family unit. There are twenty-seven major area hospitals that serve various demographics. University Hospital is a Level One Trauma Center that houses a twelve-story Women's Center. Regional traumas are divided between University Hospital and Brook Army Medical Center. Patients from the Uvalde School shooting were received at both of these facilities. These hospital facilities also receive a large portion of undocumented migrants that flow into the country through the South Texas Border.

San Antonio continues to build multiple million-dollar hospital complexes in and around the city as a means to keep up with the increasing demand for medical services and increased profitability. Outlying communities in the region do not have adequate and affordable medical care that is locally accessible at this time. Many of the uninsured use the hospital Emergency room as primary care doctors due to the unaffordability of healthcare insurance. Smaller communities located a few hours away regularly transfer patients to San Antonio facilities via ambulance and airlift companies. Texas has the highest number of uninsured residents, with an average of just over seventeen percent as of September 2023. To date, the Texas legislature's office has declined to expand Medicaid coverage to the working poor.[4] The effects on those who do not have insurance are devastating as families try to juggle health care costs and recurring bills.

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[4] Chris Tomlinson, "Texas is the Worst State for Health Care Access and Affordability, Adding to a Legacy of Stinginess, Houston Chronicle, June 28, 2023, https://www.houstonchronicle.com/business/columnists/tomlinson/article/texas-health-care-ranking-bottom-18171519.php.

My study of International Relations and how organizations work is one aspect of my secular educational experience that provides the mutualism between my ministry and pragmatic chaplaincy practice. During my time in the Air Force, I enrolled in a Master of International Relations program at Troy University. With only one credit left to graduate, I walked away from the degree due to the limitations at the time regarding tuition assistance, the Government Issue (GI) bill, and the ability to obtain more than one graduate degree with military assistance. However, taking those courses helped me recognize that healthcare is complicated and deceptive.

Insurance providers have been accused of practicing medicine without a license through the denial of critical, life-saving test measures, including MRIs and complicated surgeries or medications. These decisions are mostly driven by profit. The bottom line has a damaging effect on patient care, just the same way that large Non-Government Organizations (NGOs) affect the gross domestic product of entire continents, nation-states, and international policy. I witness daily how profit-driven health care denies both humanity and dignity for the sake of financial gain. There is a correlation between how large NGOs operate and the healthcare system. Their business tactics mirror each other, and the tactics parallel one another along the lines of creating value for shareholders through cost-saving measures. These decisions frequently disregard humanity, dignity, and quality of life.

Synergy

Prior to the growth and development of allopathic medicine, religion and spiritual practice were deeply embedded in the methodologies of healing, incorporating both the

secular and the divine. The advent of science has marginalized the practice of theology and religion and minimized the role they play in relation to healing. From the cultural or anthropological perspective, the root woman or shaman of various cultures around the world played a large role in encountering, treating, and healing mental illness. Most cultural traditions share the knowledge of at least one person in the community who consistently exhibited traits of mental illness but was accepted as they lived in the community. Those individuals usually benefited from community benevolence, and it was believed that a supernatural element was connected to the disorder of the mind. Only with the sophisticated development of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and with the introduction of pharmaceuticals to treat mental illness did the gradual evolution of mental illness morph away from the supernatural to one of stigma and public shame.

Anton Boisen, prompted by his mental health dilemma, was the first to introduce the idea of vocational chaplaincy through the study of behavioral sciences and the correlation between science and religion as they relate to healing.[5] Through Boisen, the creation of Clinical Pastoral Education set in motion the basis for professional chaplaincy and the launch pad for the integration of chaplains into hospital interdisciplinary teams. Boisen experienced five episodes of schizophrenia through which he began to explore the empirical theory of "The Living Human Document," which emphasized the concept of "laboratory in real life." Through this laboratory, the human living document, the

[5] The Rev. Robert Leas, "The Biography of Anton Theophilus Boise," Association of Clinical Pastoral Education, accessed December 3, 2023, https://acpe.edu/docs/default-source/acpe-history/the-biography-of-anton-theophilus-boisen.pdf.

individual, is studied in relation to theological tradition, healing, sin, the behavioral process, theological perspectives, and community.[6]

As a vocational chaplain working in a secular setting, I am presented with opportunities to utilize and apply early Boisen principles. I also consistently integrate clinical pastoral formation competencies and objectives within the hospital setting. Prior to engaging in professional hospital chaplaincy, I had unknowingly engaged in several clinical pastoral competencies throughout my ministerial practice as a military chaplain and as a small business owner. These principles soundly incorporate emotional intelligence, communication, active listening, spiritual heritage, and many other clinical pastoral objectives. Before formal chaplain training, I used the aforementioned techniques as methods to assist customers with undiagnosed mental health issues at our family business. This was mainly accomplished through active listening, empathetic listening, and remaining a non-judgmental presence.

In uniform, prior to the Army Basic Chaplain Officer Leadership Course, I recall a memorable Army field experience. My first crisis occurred in the field in a remote location in Virginia. Infantry chaplains are expected to remain with the Battalion wherever they are assigned to ensure accessibility. They called me to meet with a Soldier who received a call informing him that his cousin, more like a brother, had just died. Because this was my first field crisis and I had not yet been to the Chaplain Basic Officer Course, I had little support or information on the best way to address the situation, which involved violence on the part of the young soldier. While his First Sergeant was

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[6] Leas, "The Biography of Anton Theophilus Boise," https://acpe.edu/docs/default-source/acpe-history/the-biography-of-anton-theophilus-boisen.pdf.

arranging the release paperwork and transportation, I sat with him on the grass and asked him to share memories of his cousin. At one point, I asked him how he was feeling because I felt he was ready to be released to his Squad Leader and Battle Buddy. He said to me, “I feel like fighting. If I go back there, I’m going to start a fight.” I said to him, “ok. Well, we can’t do that. How about if you go somewhere and scream, like a primal scream, and let it out?” He said, “I’ll do it if you do it.” I replied, “ok, let’s go.” I then informed my Religious Affairs NCO that the soldier and I would be walking over to a clearing and that he would hear some strange noises, but not to worry and not to follow us. The Religious Affairs NCO’s sole and most important job is to protect the chaplain at all costs.

Chaplains are not permitted to carry a weapon due to the Laws of Armed Conflict, and as such, they are assigned personal protection. The soldier and I proceeded to a circular clearing surrounded by dense brush and trees. We stood about eight feet apart from one another. I asked him if he was ready. He said yes. I began to scream, blood-curdling screams of horror. Shortly after, the soldier began to scream and curse and cry. My NCO came running, looking terrified to investigate. I calmed him down. We finished screaming, and by then, the paperwork was complete, and his ride was ready to take him home to his family. That was the start of my Army field ministry.

I have since learned that I intuitively operated from the Level II Outcomes of clinical pastoral education. I unknowingly utilized outcome L2.3, which encourages students to demonstrate the pastoral skills of listening/attending, empathetic reflection, conflict resolution, and crisis management. I have since recognized two things. First, after further study of psychotherapist Peter A. Levine’s work in his book *Releasing the*

Trauma, I assisted him with Somatic Release at that moment with the soldier. The somatic release will relieve surplus tension and anxiety, and it helps individuals appease those feelings quickly. Secondly, even though I had no formal training in what to do in that split second, instinct and the wisdom of the Holy Spirit assisted.

Growing up, I was unaware that the encouragement of others was an actual gift. After this encounter, I have since endeavored to increase my knowledge base, skills, and abilities further to address crisis, trauma, and mental health emergencies successfully. Where my mother and grandmother informally facilitated healing, I continued their legacy, with the exception of having fallen into a more formal pattern through hospital chaplaincy. It is a double-edged sword because my healing methodology is limited to the confines of regulated secular chaplaincy. However, after incorporating life experience and my passion for mental health, I am picking up where my predecessors left off. I have been able to create and utilize a medley of unique methodologies when addressing mental health crisis. In some cases, I use music therapy, Bluetooth speakers, and melodies that speak to an individual's spiritual pain. At other times, I incorporate pop culture, using the patients' reservoir of memories ranging from movies, travel destinations, or any source of strength they can tap into that will assist in processing and alleviating the affliction.

At the passing of my mother, I assumed the family business and ran it for five years. The health food store was located in an urban, inner-city area that offered minimal mental health resources. Additionally, the pursuit of mental health treatment was not a cultural norm of the area, but rather, issues of the mind, soul, heart, and spirit were worked out in the communal setting at the store on both an individual level and sometimes as a collective through what mimicked group counseling. Customers

discussed traumas, feelings of depression, loss, grief, and fear. In groups, issues of moral injury, employment, racial discrimination, poverty, and addiction were discussed.

As the first person in my family to graduate from secondary education institutions, I provide meaningful ministry by drawing from my culture, experience, and formal education. Having grown up in a multicultural religious background and through international travel, I have been blessed with the ability to easily assimilate and adapt to the different models of ministry as well as to my surroundings and people with whom I do not have much in common. One of my main strengths is diversity and interpersonal communication.

Some of the obstacles I face in being able to seamlessly integrate into the interdisciplinary team from the mental health perspective are the following:

- Intersectionality
- Pastoral Authority
- Secularization of Chaplaincy

The creation of an anthropology of chaplaincy model will assist me in excavating the origins of chaplaincy and provide proof of the efficacy of chaplains on behavioral health teams in healthcare facilities. Additionally, the model will help to clarify the role of chaplains in the healthcare setting, allowing colleagues and peers to recognize the professional vocation of chaplaincy as more than bedside prayer. Often, hospital staff and administrators are unaware of the chaplain's work and view them as pastors. This is notably reflected in salary. While the roles overlap to some degree, chaplains are highly educated in religion, theology, world religions, and behavioral health theory. Chaplains are also ordained; many serve as ministers in the church or community setting. However,

little attention is paid to the level of education required to become a healthcare chaplain. Requirements for a Chaplain include a Master of Divinity, Board Certification through the completion of four Units of Clinical Pastoral Education, Completion of two thousand five hundred clinical hours, and the annual continuing education requirements.

The role of the chaplain is often confused with that of the lay pastor, deacons, or elders. While the heart for ministry may be similar, chaplains operate from a unique skill set, making them crisis-ready, able to provide spiritual care in secular settings to multi-ethnic and diverse religious affiliations. Chaplains meet the spiritual needs of all people in the hospital setting. Chaplains bring together the secular and the divine in times of personal and community upheaval. One of the most important components of chaplaincy is to be a nonjudgmental presence in the room. This creates the atmosphere and sometimes the invitation for the Holy Spirit to effectively encounter the individual or patient. There is an ongoing tension between a chaplain who operates from a Gospel-centered perspective and the secularization of the profession and workplace bias. I would like this model to expound on the dangers of intersectionality, a term coined by Professor Kimberly Crenshaw of Columbia Law School, which explains the dynamic between entitlement and power.

Historically, women have been marginalized in the ministerial setting, and healthcare chaplaincy often mimics the church in that aspect. San Antonio lacks diversity at the director level when it comes to hiring women, women of color, or any minority. Currently, the crux of the teams is led by Protestant Caucasian chaplains; some are members of the Southern Baptist faith, which is known for renouncing the utility of women in the rostrum. These attitudes tend to bleed over into professional chaplaincy. As

an Army Officer Chaplain, I reported to any woman of color as a superior or supervisor in the chaplain service for the duration of my officership.

The Army was established in 1775, and it was not until November 2020 that Lieutenant Colonel Chaplain Monica Lawson was promoted to Colonel. The Army took two hundred and forty-five years to promote a female chaplain of color to the rank of Colonel.[7] The problem of intersectionality is not only reflected in the secular operational dynamic but also resonates in the armed forces, which is a microcosm of the world at large. While I deeply appreciate Professor Crenshaw's contribution to the more profound understanding of opportunities and bias for women of color, I also appreciate the candor of Samuel DeWitt Proctor's succinct narrative with regard to speaking to hostile audiences around the country in the early sixties. In *The Substance of Things Hoped For,* Proctor argues, "…looking into the faces of assorted antagonists, and pitifully ignorant, fearful hypocrites, whose agenda was to cling to their advantages and perpetuate the subordinate status of Blacks."[8]

The problem of intersectionality will not be solved overnight. An additional goal for my model is to create a framework for chaplains to engage deeply in pastoral authority in the workplace. Pastoral authority is developed and articulated through pastoral competence. In order to operate from a position of strength in secular chaplaincy, the practitioner must have a solid understanding of behavioral theory that compliments or parallels the Gospel. Karen Horne and Erick Erickson are two that I regularly employ as a

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[7] Dean Kimmons, "Black Woman Chaplain Makes Rank of Colonel and History," *Richmond Free Press* 27 no. 44 (2020): https://richmondfreepress.com/news/2020/sep/17/black-woman-chaplain-makes-rank-colonel-and2020-histor/.

[8] Samuel DeWitt Proctor, *The Substance of Things Hoped For: A Memoir of African-American Faith* (New York, NY: Putnam and Sons, 1995), 29.

hospital chaplain to assist those without a Christian base to find meaning and purpose in the midst of crisis or spiritual affliction. It is critical for my ministerial practice as a chaplain that I possess the ability to assess patient needs through the foundational understanding of ethnic differences, social conditions, systems, justice, and the effects these conditions may have on the individual patient or staff member. When I reflect on past encounters with diverse patients during times of crisis, I am grateful to have had personal experiences that fed into my ability to have a deeper understanding of the many factors that affect patients, families, and staff as it relates to ethnicity, societal conditions, and social justice.

As a chaplain, I must also have the ability to discern where spiritual and social needs converge and to bring in the appropriate team members in order to provide well-rounded, holistic care during the hospital stay. The pastoral authority also extends into the ability to maintain professional relationships, which are necessary to be part of interdisciplinary teams but are often impacted by intersectionality and workplace bias. Finally, as a chaplain, I strive to establish proficient administrative function and productivity. This plays a significant role in Army Chaplaincy, who are also viewed and expected to perform at staff offices. In some organizations, chaplains are expected to produce reports and share data that quantifies the work that hospital clergy do on a daily basis.

One of the greatest detrimental missteps to pastoral authority is the chaplains who operate from what I would call a "job security" perspective rather than from the authority that comes with bringing the divine to the secular in a pragmatic, educational way to the workplace. There are chaplains who sacrifice their ministerial authenticity to become part

of the team and maintain the status quo. They leave behind pastoral authority altogether in an effort to remain viable. This leads to the problem of the secularization of chaplaincy.

For example, in an article entitled "Spiritual Needs in Health Care Settings: A Qualitative Meta-Synthesis of Clients' Perspectives, Hodge and Horvath surmise that social workers are challenged with addressing the spiritual needs of clients due to the overlapping nature of the two constructs.[9] While it is reasonable for those experiencing behavioral health services to encounter spiritual needs, social workers are not equipped with the skill set needed to address meaning and purpose from an in-depth theological perspective. Social workers are not trained to address the spiritual needs in hospital settings, nor are they able to provide or advise on spiritual matters. However, to a degree, some hospital facilities look to social workers to do just that in addition to their other responsibilities. This is an example of how healthcare administration undermines and diminishes the work of chaplaincy in healthcare. As previously mentioned, there is overlap in understanding the distinction between the work of pastors and that of vocational chaplains. Due to this lack of clarity, the healthcare administration will attempt to converge career fields to save costs.

Additionally, the regulating bodies that set the purpose, agendas, and overall tenets of pastoral care have moved away from a Gospel-centered, Kingdom-focused methodology of pastoral care. In the past, it was widely accepted that pastoral care and chaplain care in medical facilities were Christian Gospel-centered. At present, there are

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[9] David R. Hodge, and Voiles E. Horvath, "Spiritual Needs in Health Care Settings: A Qualitative Meta-Synthesis of Clients' Perspectives," *Social Work* 56, no. 4 (October 2011): 306-316.

ecumenical councils and a range of interdenominational precepts that guide the work of the chaplain, specifically in healthcare. Incorporating psychological theories into pastoral care, which takes precedence over the Gospel, has weakened the framework of Christian-based chaplaincy. Even the pastoral care departments in some facilities have been renamed to spiritual care to move away from the traditional Christian construct from which pastoral care originates.

The main governing body of Clinical Pastoral Care, The Association of Professional Chaplains, has evolved into an organization that supports all faiths and all belief systems, including atheism. This departs from Anton Boisen's original intention, which was to explore aspects of illness through the word of God. The Bible has an estimated one hundred and fourteen verses about healing, which can be useful and pivotal to the patient in spiritual pain or emotional distress. In *What Do I Say?" Talking with Patients about Spirituality*, Elizabeth Johnson Taylor helps beginning pastoral care students navigate spiritual encounters. She argues, "Spiritual problems are not things to solve, but opportunities for finding God (however God is experienced."[10] As the world has gradually moved away from theological perspectives on thinking, discipleship, and the incorporation of the Gospel into their lives, so has the evolution of chaplaincy morphed into something resembling what it used to be in terms of the influence of Christian principles within the hospital setting. To cling to a pretense of hope in pastoral care, many foundational concepts and ideas have been abandoned and replaced by conventional psychological theories that have less of an impact on the healing of the soul.

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[10] Elizabeth Johnston Taylor, *What Do I Say?: Talking with Patients about Spirituality* (West Conshohocken, PA: Templeton Press, 2007), 55.

Baptist Hospital recently received a patient in the Intensive Care Unit (ICU). The patient was a young mother in her thirties who had a stroke at home two weeks after the delivery of her baby. The patient had a brain bleed from the stroke, and it was believed that she would not recover or leave the ICU alive. The recommended action from staff and health care professionals, including the chaplain team (although unspoken,) was to withdraw care. However, her father and husband refused the pressure to end the life of their loved one. The father and son were considered fanatical regarding their Christian belief system and healing in the context of miracles. Their mental health was questioned. At the end of one month, the young lady was removed from life support because she no longer needed it. She was breathing on her own and downgraded to a lower level of care within the hospital. Her father, a pastor, and her husband prayed over her daily with the full expectation and belief of recovery. I learned from this experience that I was the only one on the Chaplain team who believed that she could be healed through prayer and supplications made on her behalf. I wondered if my peers had not been so steeped in a secular model of chaplaincy and mental health treatment, would they have reacted similarly to the father and son and believed instead in the young woman's recovery? Can the current stature of chaplains in the healthcare system be impacted by the outcome of research in my three prime areas of focus? How can a vocational hospital clergy evolve to become more clearly aligned with the Gospel in the areas of healing, soul care, and mental wellness?

Conclusion

I intend to research the origins of healthcare chaplaincy and explore how an authentic Christian interpretation of the Gospel can assist patients in achieving a sense of meaning and purpose when addressing spiritual pain, particularly mental health. This will serve a twofold purpose as I endeavor to help healthcare administration teams and other multidisciplinary teams fully appreciate the utility of vocational chaplains in the mental health arena. Creating an anthropology for chaplaincy will anchor my research in the use of qualitative and quantitative methods, along with historical and functional information, that can be immediately integrated into the profession of hospital chaplaincy in the areas of intersectionality, pastoral care, and the secularization of healthcare chaplaincy procedures.

The project examined a variety of methods to perform a detailed investigation through qualitative analysis of spiritual assessments and the utility of pastoral care visits. Anonymous survey responses will be used to poll administrators regarding the utility of chaplains in the hospital. I intend to create an impact analysis based on sound qualitative principles. I expect to experience challenges in measuring spiritual efficacy and quantifying that data into numerical values. However, I am confident that a sound model will be developed through the creation of anthropology for chaplaincy to address intersectionality, pastoral authority, and the secularization of chaplaincy. Through this work, I hope to demystify the work of chaplains in the healthcare setting and make them less of an anomaly to those they serve.

CHAPTER TWO

BIBLICAL FOUNDATIONS

Introduction

"I know the plans I have planned for you, declared Yahweh, plans of prosperity and not for harm, to give you a future and hope." (Jeremiah 29:11 Interlinear NIV Hebrew-English Old Testament).

This Chapter will lay the biblical framework for the establishment of faith and hope for those who suffer from spiritual pain in the clinical hospital setting. This framework will include a religious, historical, cultural, and diachronic analysis which will provide the foundation through which a methodology of faith and hope can be amid suffering. The focus on this particular passage in Jeremiah 29:11 has been chosen as a result of the myriad of ways in which it has personally impacted life during times of strife ministerially and for how it has also notably influenced patients with whom this information has been shared. The power of this passage continues to shape and evolve the context of ministry, helping a diversity of individuals, both churched and unchurched, who need assistance in overcoming mental health issues as well as spiritual and physical pain.

The religious components will focus on the ways in which Jeremiah's ancient audience evolved away from the precepts and laws given to them in Deuteronomy twenty-eight and the consequences thereof. The historical review will evaluate the

backdrop of circumstances through which Jeremiah preached, including civil and social unrest, political alliances, and the changing of empires. The cultural component aligns closely with the religious element in that culture and religion were synonymous in many areas of antiquity. Finally, the exegetical portion will explore the ways in which the Hebrew text reveals through observation, consideration, and investigation of the entomology of specific keywords in the original language of the text (plans and thoughts) and focus on the ways in which we can draw from the text the same messages that the ancient audience possessed.

The goal is to understand this ancient message from antiquity in a postmodern world that has moved away from traditional notions of theology and religion and replaced them with nonconformist perspectives and nonconformist thought processes from a twenty-first-century worldview. Most people are not inclined to so closely align biblical scripture to a secular narrative. It is easier for them to adopt sacred texts from Confucius, Budda, or even the Mahabharata rather than the words of Christ. Adopting a scriptural passage verbatim is an act of modern rebellion against the precepts of Christianity, which are considered by many in the secular world antiquated and of little use.

An additional desired result of this writing is to explore the role of theology in healing and to demonstrate pragmatic ways through which the practice of chaplaincy combined with a specialization or concentration in spirituality and mental health can meaningfully contribute to the mental health interdisciplinary teams at various medical facilities including hospitals, outpatient clinics, (dialysis, oncology, cardiac rehab, outpatient mental health services) and more. The goal is to create a model of healing that integrates pragmatic ways to draw people to the truth of the Word and, at the same time,

allow them to come to their fullest potential of hope and healing in the breath of Jeremiah 29:11. Lastly, I will explore the concept of justice during oppressive circumstances. While the people of Judah were oppressed inadvertently by the changing of empires and the political rigmarole that accompanied the uncertainty of the individual and the nation, the same parallel lines can be drawn and compared to the current political and economic climate in postmodern America.

One challenge faced while compiling research for this topic involved the inability to find a non-colonized version of commentaries that spoke to either the Black experience or the experience of the marginalized in general. The commentaries also offered explanations from a paradigm devoid of supernatural wisdom and reliance upon the Holy Spirit endemic to those facing dire circumstances through which little hope can be summoned.

Historical Perspective

Historically, Jeremiah is recognized as one of the major prophets in the sixteen books that comprise the prophetic ledger of the Old Testament. He was born in Anathoth, a northern town that bordered the northeastern section of Jerusalem in the hill country of Benjamin. Jeremiah came from a line of priests, the son of Hilkiah, who also served under King Josiah. He was also a contemporary of Zephaniah, Ezekiel, and Habakkuk. His writings began in the fourth year of Jochiam's rule; however, it is believed that portions of his book may have been written earlier.[1]

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[1] Ronald E. Clements, "Jeremiah," *Interpretation: A Bible Commentary for Teaching and Preaching* (Atlanta, GA: J. Knox Press, 1988), 34-39.

The Book of Jeremiah contains close to twenty-two thousand words and is considered to be the most expansive of the prophetic books. The literal form of the book contains a myriad of discourses, including poetry, praise, thanksgiving, lament, petitions, and, for the purpose of this study, a letter and an oracle given in verse twenty-nine. [2] Lundbom asserts that the prophetic oracles of Jeremiah were directed to Yahweh, royalty, priests, the general public, and the nations of the world, which makes sense due to the voracity of the change of empires that Judah underwent.[3] Many of Jeremiah's messages contained divine oracles/messages of judgment. It is also believed that the book was completed sometime after the fall of Jerusalem in 586 BC.[4]

There are divergent views regarding the ways in which the book of Jeremiah should be interpreted. Renowned author of the content of Jeremiah, Robert Carroll, concluded that the Book of *Jeremiah* is a work of fiction and should be viewed more along the lines of allegory rather than taken literally.[5] However, there exists contrary evidence in the writings of Josephus and additional books of Antiquity, including Chronicles of the Chaldean Kings, which mention in a historical context the events that took place in Judah during 626-556 BC.[6] This book specifically offers a written account of occurrences which took place as the Assyrian empire began to crumble and bow to the Babylonian dominant force. For example, the Babylonian Army was mobilized twenty-

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[2] Jack R. Lundbom, *Jeremiah 1-20: A New Translation with Introduction and Commentary*, vol. 1 (New York, NY: Doubleday Publishing, 2004), 76-81.

[3] Lundbom, *Jeremiah 1-20*, 184.

[4] Lundbom, *Jeremiah 1-20*, 184.

[5] Robert Carroll, "Jeremiah," *T and T Clark Study Guides* (New York, NY: T & T International, 1989), 65.

[6] Carroll, *Jeremiah*, 56.

one times within seventeen years, which displays the organization and professionalism of the Babylonian Army. This fact offers specific evidence which corroborates the validity of the Book of Jeremiah historically and directly opposes Carroll's assertion that the Book of Jeremiah is simply something to be used as a guide rather than a factual history.[7]

Additional commentary writers view Jeremiah's prophetic ministry as having more to do with the situation surrounding the people of Judah rather than religion or spirituality.[8] Fretheim ascertains the Book of Jeremiah was written to a specific audience and had little to do with religion but instead focused on horrendous situations the people of Judah were living through with regard to the upheaval taking place in the city. Fretheim argues, "this includes the devastation of the city and country, the death and traumatization of many citizens (including women and children), the exile of key leaders to Babylon, and the loss of two institutions that had centered Israel's life for centuries-the temple of and the Davidic kingship."[9]

Conversely, an interpretation of this text from Clements suggests the overall audience of Jeremiah was not only intended for the nation of Judah, but the message also targeted the survivors of the exiles of Judah. Because the nation of Judah was a part of the larger Nation of Israel, this prophetic message encompassed an audience who would find themselves amid chaos and those who would otherwise never hear the prophetic utterance under the auspices of war, siege, and conquest. Clements also offers the

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[7] Carroll, *Jeremiah*, 59.

[8] Terence Fretheim, "Jeremiah," *Smith and Helwys Bible Commentary* (Macon, GA: Smith & Helwys Publications, 2002), 49-53.

[9] Fretheim, "Jeremiah," 231-239.

personal histories of the individual citizens and the misfortunes suffered by the people of Judah and the exiles, which provide the spiritual framework or context of the book.[10]

Jeremiah's ministry specifically covered a critical time in the history of Judah that incorporated the change of empire, the loss of normalcy in daily life, and the instability that accompanies a war of resources and conquests of nations. Jeremiah served his prophetic ministry under Josiah, King of Judah, and ultimately served under a total of five kings prior to the destruction of Judah. Jeremiah's first ministry occurred under King Josiah, who died at the hands of the Egyptian Army due to his faulty judgment regarding choosing structured alliances in wartime. After his death, Judah became an official vassal of Egypt and, therefore, fell under the rule of the Pharaoh Necho. After the death of King Josiah, several rulers named for the Kingdom of Judah were not long-lasting due to the tumultuous change of empires, which impacted the rulership of Judah. Due to the influence of surrounding pagan culture and wicked kings, the nation of Judah adopted religious practices contrary to the covenant narrative. They continued to worship idols through engagement in temple prostitution, the burning of incense to Baal, and various other practices that mocked Yahweh and violated moral principles.[11]

Nebuchadnezzar made Zedekiah, the brother of Jehoiakim, the ruler of Judah, and he rebelled in 589 BC. The response to this rebellion by King Nebuchadnezzar of Babylon was harsh and quick. The army arrived in Judah and destroyed all the remaining fortified settlements. During this time, under the siege of Jerusalem, Zedekiah went to Jeremiah to receive a word from the Lord, and the prophet consistently reminded him to

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[10] Clements, "Jeremiah," 59.

[11] Clements, "Jeremiah," 247.

surrender to Babylonian rule. The King declined, and in 586 BC, Jerusalem's walls were besieged and breached. One month later, the temple was burned along with many of the homes, beautiful palaces, and administrative buildings that existed during that time. In addition, approximately five thousand people from the Kingdom of Judah were deported to Babylon.[12]

The Book of Jeremiah is not chronologically structured and is compiled into four separate divisions. The first division is the call of Jeremiah to ministry. The second is the judgment of Judah and Jerusalem. The third is Jeremiah's ministry to the nations, which is the focus of the chosen verse, and the final book addresses the fall of Jerusalem.[13] One of the reasons the Book of Jeremiah is so powerful is that it contains a compilation of prayers, confessions, lamentations, and certain dialogues that display Jeremiah's ability to comprehend the character of God and God's relationship with the people.[14]

Jeremiah possessed a fundamental understanding of what it meant to be in covenant with the Lord, and he seemed to be brokenhearted toward the people. His perception and awareness of the heart and the word of God were voiced and applied to every aspect of his life. God used Jeremiah's mind to reach the people of Judah in special times of duress. Even though Jeremiah's message was sometimes comprised of judgment, it also embodied words of hope and restoration of the remnant and the land that had been defiled. Despite the circumstances and regardless of being surrounded by disaster, he encourages the people. He reinforces the notion that God has a plan and a purpose to

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[12] Lundbom, *Jeremiah 21-26: A New Translation with Introduction and Commentary* (New Haven: CT, 2012), 309-312.

[13] Lundbom, *Jeremiah 27-30*, 197.

[14] Lundbom, *Jeremiah 21-26*, 197.

bring the people out of captivity, back into their land, and restore the land of Judah. He reinforced the idea that their enemies would be defeated and people would be able to have gladness in their hearts in relation to the circumstances, despite the current visuals of war, siege, starvation, and exile.

Clements's commentary offers an interpretation based on what he believes the prophet intended, which is a word or a prophetic message directly to those living only in ancient times.[15] He reached this conclusion in an attempt to maintain an allegiance to the text. However, Jeremiah's message is one for all time—the conditions facing the nation of Judah mimic on many levels the issues faced by many twenty-first-century people. In actuality, there has scarcely been a generation at any moment in history that has not faced the reality of war, social/civil unrest, or encountered difficult circumstances in the midst of chaos. This fact alone makes Jeremiah's words of consolation timeless. Clements supposes that Jeremiah was speaking strictly to his audience in the ancient Near East. The readers of today are also closely aligned with the nation of Judah, and there exists a type of collective consciousness of suffering that lives on in the minds and hearts of oppressed and marginalized people worldwide.[16]

In *Jesus and The Disinherited,* Howard Thurman addresses a dominant emotion, which is addressed in the passage of Jeremiah 29:11, namely fear.[17] Thurman writes, "Again the crucial question is: Is there any help to be ford for the disinherited in the religion of Jesus? Did Jesus deal with this kind of fear? If so, how did he do it? ….An

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[15] Clements, "Jeremiah," 97.

[16] Clements, "Jeremiah," 104.

[17] Howard Thurman, *Jesus and the Disinherited* (Nashville, TN: Abingdon Press, 1949), 39.

analysis of the teaching of Jesus reveals that there is much that deals with the problems created by fear. He chose to read from the prophet Isaiah…"[18] Thurman addresses the common theme of fears that occurs throughout the Bible. Jeremiah addresses the primary emotion of fear that must have been felt by the nation of Judah during their turmoil. Much of the same is true in the twenty-first century as the age begins to change.

Additionally, James Cone, in his work *God of the Oppressed,* shares insight regarding the plight of oppression suffered by the people of Judah at the hands of the emerging upper class as well as from the hands of the Kingdoms under whose control they consistently fell (Assyria, Egypt, and Babylon).[19] In postmodern America, it is the one percent of the world that controls the majority of resources, unfolding pockets of oppression in all areas of life in all geographic areas. The content of Cone's work *in The God of the Oppressed* could be applicable and understood by Jeremiah's ancient audience.[20] The history of the Book of Jeremiah in ancient antiquity, when paralleled to postmodern, twenty-first-century life, is intricately nuanced and woven together, forming a tapestry of shared experiences based on uncertainty, changing of dominant power structures, and the belief in a God who saves, preserves and plans on behalf of his people.

Religious and Cultural Perspective

The religious and cultural subsections have been combined because they run parallel to each other with respect to cultural and social conditions in the Ancient Near

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[18] Thurman, *Jesus and the Disinherited*, 84.

[19] James Cone, *God of the Oppressed* (Maryknoll, NY: Orbis Books, 1997), 88.

[20] Cone, *God of the Oppressed*, 49.

East. The Book of Jeremiah was written to a people, as previously mentioned, who were in a state of religious apostasy. Jeremiah is urged by God to encourage the people of Judah to return to God and become a community of covenant. They were admonished to return to themselves, a peculiar people, set apart by God himself to be living witnesses to Yahweh and to practice covenant behavior, which involved a moral, social order, and customs that were separate and distinct, unique to a people in the servitude of Yahweh. Social conditions were affected by the adaptation of Babylonian cultural norms that did not align with the covenant-making Yahweh.

The description of Hebrew culture, as highlighted by Turner's *Great Cultural Traditions,* displays a social order that was mostly pastoral with a primitive religious system.[21] Hebrew assimilation of religious pagan and unlawful moral practices occurred in economics, industry, agriculture, the legal system, and religiously through worshiping Ishtar and other foreign gods. The Hebrews also incorporated customs specific to Canaanite origin, including harvest festivals, the worship of local gods, and the adaptation of temple prostitution, which was strictly prohibited according to Mosaic Law and the Book of Deuteronomy.[22]

The prophet Isaiah preached a similar message to the Israelites prior to the Prophet Jeremiah who continued to echo the prophetic message of religious reform. The behavioral paradox of the Israelites living among the dominant empires (Assyrian, Babylonian) displayed itself in the sophistication and development of literate intellectual groups, the adaptation of a class structure among themselves, the love of luxury, wealth,

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[21] Ralph Turner, *The Great Cultural Traditions: The Foundation of Civilization*, vol 1 (New York, NY: McGraw Hill Book Company, 1941), 223.

[22] Turner, *The Great Cultural* Traditions, 196.

practices of debauchery and the mingling among various other cultures to the demise of traditional religious and moral adherence to the Hebraic covenant.[23] Prior to assuming the status of nationhood, it should be remembered that the Hebrews were a nomadic people who had only recently migrated to city life, which differed drastically from nomadic customs, values, and moral codes.

Linthicum, author of *City of God, City of Satan,* outlines the degradation that accompanies adaptation to city life and the slow erosion of moral codes, ethics, and the inability to recognize sin. Scripture provides several models concerning the development of sin in the city.[24] Genesis chapter nineteen exposes the sin of Sodom and Gomorrah and the impending consequences. In the same vein, Linthicum highlights both the prophets Isaiah and Jeremiah, alluding to the assumption that their prophetic writings were tools that could be used to explore the nature and depth of Israel's sin.[25] Both prophets were deeply embedded in the daily life of the city and possessed an allegiance to Jerusalem and Judah. Jeremiah laments that the people of the city are misinformed about the reason for their debacle. It was assumed by the people of Judah that the political, social, and economic irresponsibility, and the poor and marginalized of the city were to blame for the troubles they faced. In reality, the real trouble was idolatry.

The problems of the people of Judah faced were the manifestations of idolatry. Linthicum describes sin as a personal evil that collectively accumulates until the city is overrun by the corporate dimension of sin. He also pinpoints specific sins unique and

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[23] Turner, *The Great Cultural* Traditions, 196.

[24] Robert C. Linthicum, *City of God, City of Satan: A Biblical Theology of the Urban Church* (Grand Rapids, MI: Zondervan, 1991), 218.

[25] Linthicum, *City of God*, 143.

prevalent in the city: environment, self-indulgence, economic oppression, injustice, and exploitation. The reason these sins are able to perpetually manifest can be found in the desire to worship other gods, specifically Molech, gods of power and prominence, or commitment/allegiance to small exclusive groups rather than devotion and the centering of daily life in the city on the worship of Yahweh.

The cities of Judah had become centers of urban pagan pathologies adopted by Yahweh's covenant people. This resulted in unjust practices among the people of Judah. Turner refers to the practice of moneylending with usury, the creation of an urban poor class, some of whom sold their children into slavery to survive.[26] Additionally, the widowed and orphaned were taken advantage of and oppressed under the oligarchy and the developing nobility class. Merchants bribed the courts, and merchants were in the habit of degrading supply while charging extra for their goods. Due to the aforementioned conditions, Turner asserts in *The Great Cultural Traditions* that religious and social conditions began to coalesce, causing the emergence of prophets who delivered warnings inspired by Yahweh. He draws the connection between the threat to the existence of the Hebrew people as a nation and the social, economic, and cultural choices and specifically speaks to the injustices that took place as the Hebrews assimilated culture foreign to their morals, beliefs, and covenant allegiance.[27]

Karen Armstrong, in her discussion of the Axial Age and suffering in *The Great Transformation: The Beginning of Our Religious Traditions,* speaks extensively about the Prophet Jeremiah and offers insight into his message to Judah. She believes Jeremiah was

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[26] Turner, *The Great Cultural Traditions*, 113.

[27] Turner, *The Great Cultural Traditions*, 115.

confident in his belief that the people of Judah needed to traverse through their time of trials in order to spiritually progress both personally and as a nation.[28] In doing so, Yahweh would make a fresh covenant with them, and this covenant would be inscribed on their hearts.[29] As such the result of Judah's suffering resulted from taking part in idolatrous behavior strictly forbidden in their religious and cultural traditions. Their hearts were turned away from authentic covenant behavior. The fundamental expectations of the covenant were not being fulfilled and threatened.

Exegetical Perspective

Among the various methods available for exegetical discourse, a combined approach was adopted to discover the world behind the text. It is the postmodern world in the reception of the text, and the particular issue met when confronting the reality of God's truth in a pragmatic world. The Kingdom of Judah struggled with the personal and national complications that accompanied a change of empire, coupled with individual and national sin (Idolatry). Judah's economic and cultural, even their geographic location, put the kingdom of Judah at the center of the phenomena associated with Jeremiah's message in 29:11.[30] The goal of this study is to find the contemporary significance and develop an approach that will shape the context in the problem statement and of the hypothesis to form a methodology of healing that addresses deep spiritual pain.

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[28] Karen Armstrong, *The Great Transformation: The Beginning of Our Religious Traditions* (New York, NY: Anchor Books, 2007), 329.

[29] Armstrong, *The Great Transformation*, 229.

[30] Armstrong, *The Great Transformation*, 230.

Table 1. Hebrew Exegesis

עֲלֵיכֶם נְאֻם־יְהוָה **מַחְשְׁבוֹת** שָׁלוֹם וְלֹא לְרָעָה לָתֵת לָכֶם אַחֲרִית **חָשַׁב** כִּי אָנֹכִי יָדַעְתִּי אֶת־**הַמַּחֲשֶׁבֶת** אֲשֶׁר אָנֹכִי וְתִקָוָה:.

THINK/PLAN	TRANSLITERATION	GRAMMAR	Meaning
חָשַׁב	HO-SEB Have, weave, respect, hold in high regard	QAL	Value/Regard/Think On/Be Mindful Of/ Devise Plan
הַמַּחֲשֶׁבֶת	HAM*MA*HAS*SA*BOT The plans	Emphasis On the Lord Implied	SPIRIT/REVELATION/SURLEY/Emphasis on what is being said
מַחְשָׁבוֹת	MAH*SE*BO*WT Plans	NOMINATIVE	Weave/Calculate/Plan / Devise/ Invent/Scheme

Table 2. Jeremiah 29:11 Biblical Hebraica Stuggargentsia

KING JAMES	Holman Christian Standard	World English Bible
For I know the thoughts that I think toward you, saith the Lord, thoughts of peace and not evil to give you an expected end.	For I know the plans I have for you, this is the Lord's declaration plans for your welfare, not for disaster, to give you a future and hope.	For I know the thoughts that I think toward yours says the Yahweh, thoughts of peace and not of evil, to give you hope and a future.
חָשַׁב	**הַמַּחֲשֶׁבֶת**	**מַחְשָׁבוֹת**

The word plan is used in the passage of Jeremiah 29:11 two times in two different tenses. In the first sentence, the Lord speaks with an implied emphasis to his people regarding the plan, design, plot, and scheme he has proposed for his people, who are set apart for him alone. However, because they decided to matriculate into mainstream society, a breach occurs within the plan or directive the Lord set out for them.

MAH*SE*BO*WT is also translated as to weave, respect, and hold in high regard.[31] The double grammatical meaning places significance on the ways in which God simultaneously held an affinity for them while having an active plan for their restoration after the siege of the city.

The utility of the word plan in the normative and absolute case offers revelation of God's redemptive plan regardless of how the people of Israel engaged in non-covenant behavior. The term in these cases is utilized elsewhere in the Old Testament where additional importance is placed on the word MAH*SE*BO*WT, and it is defined in several different ways, all of which include verbiage referencing skill, design, calculating, counting, considering, and executing, (as in to carry out).[32] The multitude of meanings all drill down to the one concept of God's plan for his people. The richness of the multitude of words offers essentially the same meaning. MAH*SE*BO*WT is an indication of the power and forethought of God to redeem his people despite their rebellion.

HOSEB, the root word, is translated as weave, respect, and hold in high regard. This is expressed in the simple form Qal, meaning light or straightforward. The form of this word is used in the second sentence of the verse, indicating from the author's interpretation that the word HOSEB (plan) is layered with multiple meanings.[33] The translation to weave indicates a master weaver, an intricate and detailed artist capable of visualizing complicated patterns through to the final outcome of the project. A concrete

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[31] Charles Briggs, *Brown-Driver-Briggs Hebrew and English Lexicon* (Peabody, MA: Hendrickson Publishers, 2010), 430-431.

[32] Briggs, *Brown-Driver-Briggs Hebrew and English Lexicon,* 535

[33] Briggs, *Brown-Driver-Briggs Hebrew and English Lexicon*, 537.

visual example would be the woven pattern of a sophisticated and expensive Persian carpet. The artist has the capability to envision the conclusive work of art, having insight at the onset of the project that no other artist can possess with respect to the project. A possible explanation of meaning alludes to God's concrete and deliberate nature regarding his people. The emphasis placed on the varying components of the root words enables a cyclical understanding of the word plan, which points in a nuanced way toward the restoration of Israel.

Finally, the words I know spoken at the beginning of the verse are presented in the feminine, common, singular, first person, and absolute grammatical construction.[34] The feminine construction leads this writer to conclude the mothering nature of God relates to making plans for children. Hannah knew that once she was blessed with a child, she would dedicate him to the Lord forever so that he could be in the temple. Rachael devised a plan for her son Jacob. Sarah gleaned the potential future of Ishmael and acted to preserve the inheritance of her blood-born son. The difference between the women of the Bible making plans for their children and the planning of the Lord is the sovereignty and power of the Lord to orchestrate the lives of his people. In general, it is the feminine quality that plans in detail the future of children from birth through to adulthood. The use of the common grammatical construct displays an additional layer of intention, as this structure provides the subject-verb agreement of the sentence. The sentence structure clearly displays the action and subject (Israel/plan) in the reciprocal relationship between Israel and God. Additionally, the use of the first-person pronoun presents a declaration of

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[34] Briggs, *Brown-Driver-Briggs Hebrew and English Lexicon*, 537.

the promise in an absolute verb, subject agreement. The absolute tense modifies the verb-subject agreement, intensifying the meaning.[35]

Conclusion

The specific text of Jeremiah 29:11 offers a type of trauma-informed care useful to clinical hospital chaplains. Lamentations summarize the suffering endured by the people of Israel and Judah after the destruction of the city. The short book, with only four chapters, depicts the state of God's people after the downfall of the city. Tragedy has befallen the once beautiful and prosperous city. The people needed even more encouragement to repent, to experience compassion, mercy, and grace, and to have the ability to correct the pockets of spiritual life that had been lost in the city.

Jeremiah's text is especially relevant to the current political, social, and cultural climate of the world. The themes of economic and political uncertainty, identity, class, and spiritual decline converge to form a nexus of existential crisis felt by individuals in all walks of life. The crisis can only be evaluated and resolved through contemplation of a spiritual reality, which serves as the fundamental starting point for finding the meaning of suffering while traversing through the suffering. Jeremiah's texts enable not only the ancient Near East population but the immediate audience to glean from their spiritual life the meaning of suffering but to those in the twenty-first century. It offers the ability to reflect collectively and personally on the ways in which spiritual unawareness can contribute to a greater sense of loss.

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[35] Briggs, *Brown-Driver-Briggs Hebrew and English Lexicon*, 539.

As viewed through the Western paradigm, the crisis of religion leaves little room for the formation of an incarnational God capable of planning, inhabiting, and directing the life of an individual or the collective. The gestalt of Western religion both then and now is not equipped to allow the participant to reflect deeply on scripture in a manner as impactful as other religions experience just by the nature of Western Christianity. Religious participants who believe in the incarnational and restorative nature of God are more likely to experience spiritual revelation and feelings of security. Yet, at the same time, they can be viewed as abnormal in their religious beliefs.

Consequently, responding to the call to believe in a God who has clearly directed and orchestrated the timeline of an individual, even in crisis, is a hard sell for many. Jeremiah's audience must have shared some of the same feelings as they relented to the pull of Babylonian and Persian culture, customs, beliefs, and practices. They were easily led astray through dominant culture and times of uncertainty. The ability to focus and adhere to spiritual life and a covenant-making God was superseded by the cares of this world, and many individuals would have to suffer before they retreated spiritually back to the tradition of truth.

Similarly, Chaplains in hospital settings suffer in kind with the patients the way Jeremiah suffered as a prophet to his people. Truth tellers in most settings are despised because they shed light on the truth and show the way forward through to healing. The Wounded Healers are misunderstood, under-educated and not always confident in their abilities to accomplish the appointed mission of healing. Jeremiah offers an abundance of reassurance rooted and grounded in a perspective of faith, hope, and the deliberate design of the Lord for their lives. Those who can hold fast to this particular concept of the

Christian faith regarding this specific passage, regardless of their religious background, will experience a degree of peace and possibly joy while journeying through difficult circumstances.

Due to the dire circumstances through which Jeremiah related a prophetic message of sin, consequences, and hope to the people of Judah, the underlying theme of trauma-informed care resonates in the specific passage. Jeremiah also speaks to the four components of Trauma Informed Care, making this text of antiquity especially relevant in the post-pandemic era, where trauma has been pushed to the forefront of daily life. American daily life has evolved to incorporate the many-faceted layers of trauma that accompany changes to daily habits, rituals, and mindsets, as well as the economic uncertainty coupled with the maintenance of healthy personhood.

The postmodern parallels of the text integrate into the multifaceted layers of Jeremiah's message, making it especially relevant to those who face life through a lens of uncertainty, specifically those related to mental health and physical wellbeing. In my personal life, as well as in the practice of chaplaincy, the development of the relationship between faith and hope based on sound scriptural precepts has demonstrated the ability to provide spiritual, emotional, and mental wellbeing. His message's encapsulation of hopelessness and suffering seamlessly relates to clinical chaplains and the Prophet Jeremiah, his journey, and words for the people of Israel. Both chaplains and Jeremiah integrate into their specific ministerial audience as wounded healers, walking among the people in and through their brokenness, bringing with them the prophetic voice of the Lord and a word in due season. These concepts run parallel to the ministry of the Prophet Jeremiah during the Babylonian Exile and in twenty-first-century America.

CHAPTER THREE

HISTORICAL FOUNDATIONS

Introduction

> I am not tragically colored. There is no great sorrow dammed up in my soul, nor lurking behind my eyes. I do not mind at all. I do not belong to the sobbing school of Negrohood who hold that nature somehow has given them a lowdown dirty deal and whose feelings are hurt about it. No, I do not weep at the world - I am too busy sharpening my oyster knife.
>
> *- Zora Neale Hurston, How It Feels to Be Colored Me, World Tomorrow, 1928*

In the early 80s, PBS aired notable documentaries on the subject of Black authors, playwrights, and entertainers. It was not uncommon to view documentaries on Josephine Baker, Harry Belafonte, James Baldwin, and writers connected to the Harlem Renaissance, like Langston Hughes and Richard Wright. Even obscure artists from not-so-well-known genres in the Black community include Marian Anderson, a famous opera singer who is world-renowned. After watching her documentary, I wrote a research paper on her in elementary school. I remember those things but do not recall seeing any information on Zora Neale Hurston. She died in obscurity and was buried in an unmarked grave. After reading her work, Alice Walker began a journey to find her unmarked grave and, in doing so, revived Hurston's work, catapulting her to an extraordinary position in the lives of her readers and within the literary world.

My first exposure to Hurston's work occurred upon reading her acclaimed novel *Their Eyes Were Watching God*.[1] Her work was not part of my general education and did not include Black authors as part of the reading list. Instead, the procured reading list included Anne Frank's experience during the Holocaust. The works of Ralph Waldo Emerson and Henry David Thoreau were presented as the main narrative of literature. Thoreau was particularly excruciating to read at the time, as his language, writing style, and subject matter were difficult to embrace as an urban child. It did not relate to my experience with nature. However, when I came across the worlds elaborated on and created by Hurston, new worlds opened up because I could identify with her subject matter. As a bi-cultural product of two countries, there were not many places where I felt at home, including literature, entertainment, and even sometimes among friend groups. Nonetheless, at the time of my teenage years, long past segregation and integration, there still existed racial undertones, and the acceptance of bi-racial individuals was not as prevalent as it is today.

Zora Neal Hurston is the subject of the Historical Foundations paper for several reasons. Primarily, her work has had an impact on my literary experience. Hurston's work, *Their Eyes Were Watching God*, captivated me as I connected to the protagonist, Janie, in the book. I found meaning and revelation in areas of my life concerning the pursuit of goals, the framing of how to view the world as a young woman, and independence and freedom from the opinion of others. Hurston's sheer grit in her effort

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[1] Zora Neale Hurston, *Their Eyes Were Watching God*. (Philadelphia, PA: J. B. Lippincott, 1937), 25.

to face the obstacles of racism, social climate expectations, the accumulation of resources, and the attainment of education during her time are admirable.

Hurston was a trailblazer who made her mark in the disciplines of anthropology, literature, and art. As a woman born at the turn of the century, it was unusual for women to receive higher education, principally in the study of anthropology. We share a similar spirit, life circumstances, and a pioneering spirit within our respective areas of interest. She also faced intersectionality and suffered under micro-management and control from her financial sponsor, Charlotte Osgood Mason, which she later used to her advantage.[2]

The field of anthropology was not a mainstream pursuit of study for women during the 1930s and 1940s, much less for women of color. However, Hurston's passion for meaningfully documenting the lives of Black people in America fueled her ethnographic research, which was later included in her literary works. Similarly, chaplaincy uses some forms of ethnography during spiritual assessments to obtain information about patients and, in turn, use that information to formulate ways to address spiritual pain. Her data collection methods align with Anton Boisen's method of utilizing patients as living human documents to create his methodology and study of clinical pastoral education.[3]

My project seeks to develop what I have coined an Anthropology of Chaplaincy. This model will address the development of interdisciplinary partnerships between clinical chaplains and clinical mental health teams to offer a methodology of healing that addresses spiritual pain using non-secular methods. The components of data collection

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[2] Hurston, *Their Eyes Were Watching God*, 56.

[3] Arthur W. Frank, *At the Will of the Body: Reflections on Illness* (New York, NY: Mariner, 2002), 117.

for spiritual assessments and models of development involve the use of anthropological methods similar to those utilized by Hurston. Anthropology and ethnography involve the collection of the story of origin, heritage, memory, social customs, and norms. Ethnography utilizes qualitative data collection, the study of social and behavioral queues, and the collection of data through observations and interviews to conclude how both societies and individuals form.[4] While conducting her method of data collection, Hurston immersed herself in the lives of the people she studied using unconventional approaches. She was completely counter cultural as an anthropologist, much the same way Anton Boisen collected clinical data for the practice of Clinical Pastoral Education. They both chose to live among the individuals they studied, thereby becoming one of them as a means to better research and analyze the subject matter and read nuances that would have otherwise been missed had they been solely observers rather than participants of the group.

Hurston has also been selected as a historical figure of interest because of her unique beliefs and perspectives concerning the social climate during which she produced her most pivotal works. Having recently visited the Civil Rights Museum in Memphis, Tennessee, I was reminded of the incredulous accomplishments of Hurston's work. Hurston's literary achievements helped to contend for acknowledgment of Black identity, the identity of a people with a unique culture that contributes richly to the fabric of the nation. Uniquely enough, Hurston was not in favor of integration, and this point of view cost her dearly from her contemporaries and literary critics.

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[4]Angus Stevenson, and Maurice White, eds. *Concise Oxford English Dictionary*, 12th ed. (Oxford, NY: Oxford University Press, 2011), 174.

Similarly, my perspectives on contemporary chaplaincy "scrape against the grain." Chaplaincy and pastoral care at its onset were rooted and founded in Christian principles. In recent years, pastoral care has devolved into a secular practice. Pastoral Care has been renamed Spiritual Care in many hospital facilities to appear more inclusive and adapt to the contemporary religious and cultural climate. Issues of mental health specifically are treated with allopathic modalities, and little attention is given to the "Dark Night of the Soul," the crisis of faith, or the spiritual pain associated with a mental health crisis. Through examining the life, perspective, and literary works of Zora Neal Hurston, I hope to draw parallels between clinical chaplaincy and the technique, arrangement, and organization of materials and data to create a relevant anthropology of clinical chaplaincy that informs my project in an impactful way.

Alice Walker, author of The Color Purple, contributed to the resurrection of Zora Neale Huston's body of work. In her essay entitled "In Search of Zora Neale Hurston," Walker embarked on an odyssey to find out more about the personhood of Hurston. She teamed up with a graduate student, Charlotte Hunt, who wrote her graduate thesis on Hurston in 1973. Walker flew to Eatonville, Florida, the setting for Hurston's prolific novel Their Eyes Were Watching God. She writes of a "little white lie" needed to gather information from the local tight-knit community regarding Hurston's living arrangements, the circumstances surrounding her death, and finally, the search for and identification of her unmarked grave. Walker successfully finds the grave and purchases

a headstone for the novelist, anthropologist, and artist, thereby resurrecting one of the most celebrated twentieth-century Black female writers in history.[5]

Early Years

Zora Neale Hurston was born in Notasulga, Alabama, but claimed to be born in Eatonville, Florida, in 1901. Eatonville is the foundational setting for many of her short stories and novels.[6] She was raised in an independently incorporated Black town where she was free from endemic racism. The self-sufficient settlement enjoyed independent schools, churches, and stores and operated independently of White subservient rule. Consequently, Hurston grew up free from the tyranny of racism encountered and endured by those who did not live in similar townships. This type of upbringing forged in her the ability to ponder the existential questions life proposed to her and also permitted her to develop the fortitude to pursue her passions and dreams of education and Black folklore at a time when women and Black women especially, were not in the habitude of such mighty pursuits.

Hurston's mother died when she was a young girl. Her father, a local pastor, remarried a woman with whom Hurston did not get along. Eventually, Hurston moved to Baltimore to live with her sister, at which time she was twenty-six years old. Since Baltimore had a free high school program and Hurston was unable to finish high school, she shaved ten years off her life to pursue a High School education in 1917. Hurston attended a division of Morgan College, which today is known as Morgan State

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[5] Robert E. Hemenway, *Zora Neal Hurston: A Literary Biography* (Urbana, Il: University of Illinois Press, 1980). 49-52.

[6] Hemenway, *Zora Neal Hurston*, 163.

University. After graduation, she continued to pursue her educational goals and moved to Washington, D.C., to attend Howard University.[7] Hurston spent four years sporadically attending Howard University due to her lack of financial resources and her health. To pay rent and school tuition, Hurston worked as a manicurist, one of the many talents she developed to support her research, education and lifestyle. While at Howard, she managed to publish her first story in 1921 in Stylus, the University magazine.[8]

Literary Contributions

In 1921, Washington, D.C., was amid a Black intellectual and literary Renaissance, and Hurston began to attend meetings of the Black Literary community called the Saturday Nighters. This group and others like it gathered weekly to discuss plays, poetry, books, and, more than likely, the social climate of the times. The group acted with a twofold purpose: to shield the students from the city's racism and for iron to sharpen iron as they shared ideas, reasoning, and plans. At these weekly meetings, Hurston would have likely encountered the likes of Alain Locke, an African American writer and philosopher, W.E.B. Du Bois, and Jean Toomer, who sings her praises.[9]

In 1924, Hurston published "Drenched in Light," a short story that became her first major publication in Opportunity magazine. This moment is pivotal because the success of this short story was instrumental in her pursuit of a literary career. Unfortunately, Hurston was unable to fund the completion of her education at Howard

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[7] Zora Neale Hurston, *Hitting A Straight Lick with a Crooked Stick: Stories from the Harlem Renaissance* (New York, NY: Amistad Publishing, 2021), 98-104.

[8] Hemenway, *Zora Neal Hurston: A Literary Biography,* 86-89.

[9] Hurston, *Hitting A Straight Lick with a Crooked Stick*, 41-43.

University, so she moved to New York City during the mid-peak of the Harlem Renaissance with one dollar and fifty cents to her name.[10]

The relationships fostered in Washington, D.C., at Howard University were instrumental to her arrival in New York and her success as a writer during the Harlem Renaissance. Hurston's work was published in the National Urban League magazine, which at the time published what was termed New Negro Writers.[11] Because the magazine was considered a major publication during the Harlem Renaissance, its widespread audience catapulted Hurston's short stories. In addition to publishing her stories, the magazine also held literary award contests and dinners, of which Hurston was the recipient of many awards. Hurston brilliantly utilized her networking skills and purveyed for herself a job as a secretary and admission to Barnard College fulfilling her dream of achieving a higher education. She graduated from Barnard in 1928 with a Bachelor of Arts in Anthropology. She was also the first Black graduate of Barnard College, a division of Columbia University.[12]

In December of 1931, Zora Neal Hurston embarked on an important journey to Mobile, Alabama, to interview the last living enslaved African from the ship Clotilda. Kossala was his original name, but he was also called Cudjo Lewis. Her efforts to collect and document the story of Kossala were a continuation of a project she had begun in 1926.[13] Extraordinarily, Kossala survived enslavement capture, lived through the Middle

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[10] Hurston, *Hitting A Straight Lick with a Crooked Stick*, 44-49.

[11] Hemenway, *Zora Neal Hurston: A Literary Biography*, 91-96.

[12] Hemenway, *Zora Neal Hurston: A Literary Biography*, 98-101.

[13] Hemenway, *Zora Neal Hurston: A Literary Biography*, 110

Passage, been enslaved, survived the Civil War and the Reconstruction, and suffered under Jim Crow Laws.[14] Hurston spent three months with Kossala, during which time she carefully collected his experiential narrative detailing his capture, the horrors of the middle passage, and the fifty years he spent in bondage.

Hurston, as an anthropologist and ethnographer, revealed her curiosity and passion to Kossala by telling him the following: "I want to know who you are, and how you came to be a slave; and to what part of Africa do you belong, and how you fared as a slave, and how you have managed as a free man?"[15] Hurston's important work in capturing the story of Kossala is a testament to her passion and expertise in gathering information and making herself at home in a familiar yet anthropologically scientific way as she compiled vital information to preserve for generations from a Black ethnographic scholar.[16]

In 1937, Hurston released her critically acclaimed novel *Their Eyes Were Watching God*, which was received with lukewarm resentment by the majority of her peers. Henry Louis Gates writes in the forward for the fiftieth Anniversary edition that Black male critics were harsh with their assessment of the novel. It seems as if Hurston was not welcomed into the fold as her work failed to align with the dominant descriptive narrative of the subjugation of Black Americans, specifically in the South.

Due to the social climate and the position of women in society, Hurston faced her share of opposition and criticism in her quest to document the ordinary lives of Black

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[14] Zora Neale Hurston, *Barracoon: The Story of the Last "Black Cargo*," ed. Deborah Plant (New York, NY: Amistad Publishing, 2018), 85.

[15] Hurston, *Barracoon: The Story of the Last "Black Cargo*," 57.

[16] Hemenway, *Zora Neal Hurston: A Literary Biography*, *163-170.*

Americans in South Florida. In the wake of civil disturbances that annihilated most of the existing Black towns in America, she did the impossible by cataloging the rich and unique ethnography of independent Black communities. Her intellectual contemporaries frowned upon her choice to use the vernacular speech pattern of her literary writing subjects. They were also dispirited by her choice to belay the racial tension that existed within the communities and her choice to focus instead on the richness of Black life independent of White disdain and oppression in everyday life. Richard Wright accused her writing of being a minstrel show that made White folks laugh. Criticism from Wright is particularly scathing since he was a major literary figure, well-known and influential at the time of her novel's publication.[17] She was before her time, and Black males were not ready to read about a Black woman from the South on a quest for her identity.

Hurston is also critiqued by those examining her literature in light of her platform and ability to address social justice issues concerning race. Bryant, in his analysis of Hurston as part of Twentieth Century Southern Literature, assumes that her readers have disdain for her work due to her reluctance to address the status quo of the era by avoiding the Jim Crow and Reconstruction Eras.[18] There is a more nuanced work of literature that finds strength in focusing on the "culture" of a people. Bryant also admits in his analysis that Hurston held the manners and speech that characterized Black people since the inception of slavery in high esteem. Those characteristics gave Black people their identity, and it is with boldness that she used those characteristics as the basis of her

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[17] Zora Neale Hurston, *Their Eyes Were Watching God* (New York, NY: Harper Collins, 2000), 165-169.

[18] J. Allen Bryant, Jr., *Twentieth Century Southern Literature* (Lexington, KY: The University Press of Kentucky, 1997), 188-113.

writing. She wrote about holistic Black life, a life informed by those who lived it versus those who dominated it.[19] Hurston's response to her critics is summed up concisely in her autobiography, Dust Tracks on the Road, published in 1942. She writes the following:

> I am not tragically colored. There is not great sorrow dammed up in my soul, nor lurking behind my eyes. I do not mind at all. I do not belong to the sobbing school of Negrohood who hold that nature somehow has given them a lowdown dirty deal and whose feelings are all hurt about it. Even in the helter-skelter skirmish that is my life, I have seen that the world is to the strong regardless of a little pigmentation more or less. No, I do not weep at the world- I am too busy sharpening my oyster knife.[20]

The uniqueness of Hurston's work rests in her ability to elevate the cultural IQ of her audience. While her contemporary critics relished in her inability or unwillingness to address her Black literary subjects with regard to the suffering endured under the post-reconstruction era and racism, Hurston chose instead to center her attention on the Black folk tradition. Hurston expounded upon the expression of Black culture independent of a type of whiteness that informs it.[21] As a melting pot, America is inundated with cultural customs and practices from around the world. Black Americans, however, until recently have been relegated to being identified as a people whose origins are rooted in slavery

Hurston's work is important because it portrays the monoculture of the Black experience in America pre-desegregation, independent of White oppression and independent of a narrative that imposes a loss of dignity and Black culture in general. This was a revolutionary tone during a time when her contemporaries were writing in ways that expressed Blackness in the shadows of subjugation.

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[19] J. Allen Bryant, Jr., *Twentieth Century Southern Literature* (Lexington, KY: The University Press of Kentucky, 1997), 114-116.

[20] Zora Neale Hurston, *Dust Tracks on the Road* (New York, NY: Harper Perennial, 1991), 64-68.

[21] Bryant, *Twentieth Century Southern Literature*, 210-212.

Intersection with Spirituality

There is a connection between spirituality and literature. Hurston was raised in the Black Church and was the daughter of a pastor, which informs her spirituality and belief system. This can closely be linked to folklore. Literature can be considered a form of art, a creative process, and it has the power to transcend the human experience by shedding light on the fact that life is larger than our personal experience. Becoming aware of a larger existence outside of the self has transformational power on the life of the individual. As such, the human experience takes on a different perspective. Concerning Hurston's work, Yaw Adu-Gyamfi and Mark Ray Schmidt, authors of *Literature and Spirituality,* offer a unique perspective.[22] Adu-Gyamfi and Schmidt argue, "However, for many people around the world, the spiritual issues of life are central or essential qualities of life. It is the spiritual that gives meaning, order, and unity to everything from the universe as a whole to our whole private selves. When we are aware of the spiritual, we are discovering new connections, just as art helps us discover new connections."[23]

Within her folklore, Hurston shares the expressive nature of culture as it manifests through oral tradition, legends, myths, poems, sayings, and superstitions. Folklore then, as collected and interpreted by Zora Neal Hurston, is intricately aligned with the spiritual life of Black Americans in the South. These nuances were overlooked by her critics, who focused strictly on race and the Black experience during their writings at the time.[24] The

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[22] Yaw Adu-Gyamfi, and Mark Ray Schmidt, *Literature and Spirituality* (Boston, MA: Longman Publishing, 2011), 152.

[23] Adu-Gyamfi and Schmidt, *Literature and Spirituality*, 96-99.

[24] Adu-Gyamfi and Schmidt, *Literature and Spirituality*, 99-103.

connection between suffering (through racism and oppression) was not immediately identified in her writings. Hurston's worldview was formed by her youth spent in Eatonville and her academic training in anthropology. She staunchly believed in the independence of Black thought and was convinced of the essential need for Black Americans to remain unfettered by oppression.[25]

Contrasting opinions regarding Hurston's work arise in the research analysis of her legacy. Some admire the strength of her convictions and the paradigm through which she writes. Her biographer, Robert E. Hemenway, emphasizes her eloquence and her penchant for writing about the Negro community at large. He notes that according to Hurston, oppression and self-hate are not synonymous with the Black experience.[26] Self-hate was a dominant theme in Richard Wright's seminal work *Native Son.* As Wright was one of her harshest critics, it is feasible to understand his opposition to her writings affirming blackness as a positive social construct.

Conversely, Deborah Plant gives credence to Hurston's ingenuity and ability to negotiate adversity when Black women at the time were not seen as particularly scholarly and intellectual. She admires Hurston for defying the stereotypes of Black womanhood that exist to this day.[27] Plant eloquently reminds us of Hurston's affinity with women of Africa and the African diaspora, who consistently face issues of racial, economic, cultural, and sexual domination in society.[28] Hurston negotiated hardship on her terms,

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[25] Deborah Plant, *Every Tub Must Sit on Its Own Bottom: The Philosophy and Politics of Zora Neale Hurston* (Urbana, IL: University of Illinois Press, 1995), 142.

[26] Hemenway, *Zora Neal Hurston*, 93.

[27] Plant, *Every Tub Must Sit on Its Own Bottom*, 61.

[28] Hemenway, *Zora Neal Hurston*, 99.

succeeded in making a name for herself, and became one of the most widely recognized and celebrated writers in the world on the strength of her convictions, passions, and skills.

It cannot be understated that Hurston's contemporary authors frowned upon her methods of storytelling, which included using vernacular speech. Her literary counterparts chose to write about the Black experience concerning societal conditions with respect to racism, justice, and oppression.[29] Hurston continually asserted that she was "not tragically colored" and left little room for the status quo of oppression, which seemed to weave through the narratives of her most scathing critics. She wrote outside of oppression and highlighted the many ways in which her characters navigated the social climate and triumphed over it.

Zora Neale Hurston received less moral, physical, and intellectual support than her contemporaries in the same profession, such as the anthropologist Margaret Mead, who happened to be Caucasian. However, Hurston had a benefactor in Mrs. Charlotte Osgood Mason, a well-known philanthropist during the Harlem Renaissance dedicated to supporting budding African American artists.[30] Mrs. Mason had some eccentric characteristics, one of which required all of her patrons to refer to her as "Godmother." Her godmother also required Hurston to keep meticulous expense records detailing the smallest purchases, such as feminine hygiene items, canned goods, and writing essentials. Mason also required Hurston to investigate and document the more "primitive" aspects of African American life in the South in order to satisfy her qualms about what she believed

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[29] Michael Nowlin, *Literary Ambition and the African American Novel* (New York, NY: Cambridge University Press, 2019), 71-74.

[30] Hemenway, *Zora Neal Hurston*, 79.

Black culture to be. Hurston politely agreed and continued to formulate and carry out the research she intended and needed for her projects, giving Mason the work she requested as a means to placate her. Eventually, Mason and Hurston parted ways due to the controlling nature as a benefactor.[31]

Anthropologist Franz Boaz, the professional mentor to Zora Neal Hurston throughout her academic journey and writing career, assisted her in engaging in meaningful anthropological research recognized by the professional community. He supported her ideas and the unique means through which she interacted with her subjects.[32] However, Boaz was not supportive of Hurston's pursuit of her doctoral degree. This is an example of how intersectionality, the categorization of race, gender, and discrimination converge, negatively impacted Hurston's higher educational pursuits. Eventually, Hurston received the Guggenheim Fellowship and went on to pursue research on the subject of Obeah, which is the study of witchcraft in the West Indian sub-continents.[33]

Many women of color authors appreciate the strides taken by Zora Neale Hurston to become a relevant voice in the world of academia and literature. Hurston's work serves as a model of resistance that laid the framework for other monumental writers, including Octavia Butler, Toni Morrison, Alice Walker, Nikki Giovanni, Bell Hooks, Isabelle Allende, and more. Hurston set the example to challenge the status quo with regard to the self-determination and revelation of the female protagonist.

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[31] Hemenway, *Zora Neal Hurston*, 160.

[32] Hemenway, *Zora Neal Hurston*, 122.

[33] Hemenway, *Zora Neal Hurston*, 136.

Intersection with Chaplaincy

Just as Zora Neale Hurston studied the particular narrative, culture, and ways Black American southern culture, chaplaincy runs parallel in that it has its own specific culture that it adheres to. Chaplaincy takes place within the institution or organization of medical care facilities, where the primary goal is to heal the patient. Typically, spiritual matters are not incorporated into the healing modalities of allopathic medicine. However, meaning and perspective can be derived from observing hospital culture and how it operates. Models can be formed based on collected data, which will allow chaplains to facilitate spiritual dynamics that address the healing of patients, families, and medical staff. Medical care in the United States has a specific culture based largely on the belief that pharmaceutical medicines are the singular modality of healing. While this is extremely important, there exists a spiritual element of healing that connects, which is often neglected. Since Hurston's work focused on the customs, development, and behavior of a people, it is necessary to also study the customs, development, and behavior of medical centers concerning the healing of patients, the divine, the supernatural, mental health, and the critical role that culture and religion play in the healing of an individual.

Hurston's unique view and techniques of data collection correlate with the collection of methods of evidence needed to further investigate how chaplaincy can correlate with and partner alongside interdisciplinary teams to form a holistic approach to the treatment of mental health and spiritual pain in the clinical setting. Her approach, although at the time unorthodox, included ingratiating herself within the communities she studied as opposed to being an outside observer. By becoming part of the populace she

studied, she was privy to greater amounts of information. Like Anton Boisen, the founder of Clinical Pastoral Education, Hurston was included in the nuanced aspects of daily life. On several occasions, he also worked in a real-world lab as a patient in a mental institution. He concluded that the collection story and living among the individuals who were committed to the institution were the best ways to formulate treatment options.[34]

Hurston's adamant stance to remain true to the authenticity of her methods and practice of literature and anthropology set the benchmark concerning the creation of a model of mental health chaplaincy that aligns with and adheres to authentic fundamental biblical principles that will be effective in both treating and helping to design mechanisms of treatment in conjunction with interdisciplinary teams.

Hurston's anthropology focused on new connections and stories and the authenticity of African American life; in a similar vein, the work of mental health chaplaincy does the same. The importance of story in the practice of clinical pastoral education forms the baseline of a practical clinical methodology to address spiritual pain. The story creates the connection and invites the teller to explore new worlds within themselves, sometimes simultaneously while telling the story. The patient informs and inhabits the story, which assists the practitioner in formulating strategies for healing. The importance of a story cannot be underrated in healing or within the telling of a history of a people that permeates the human psyche of those who hear it. The way Hurston observed and wrote about her targeted study group involved the dynamic and fundamental principles that she evolved with from youth, namely God and personal and communal dignity.

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[34] "About ACPE," The Association for Clinical Pastoral Education, https://acpe.edu/about-acpe.

The reference to the divine permeated much of her works, highlighting the aforementioned relationship between spirituality and literature. Hurston wrote about her culture in a personal way, at times seemingly writing her spiritual autobiography in *Their Eyes Were Watching God*. She also makes no excuses to explain what is understood as general knowledge in Black communities but overlooked in White's daily life. For example, in her short story "Black Death," Hurston states the following regarding understanding certain cultural idioms taken for granted in the Black community. She writes: We negroes in Eatonville know a number of things that the hustling, bustling white man never dreams of. He is a materialist with little care for overtones.[35]

Merriam-Webster Dictionary defines undertones as a secondary effect, quality, or meaning. For Hurston, overtones politely describe the knowledge of black magic, the Obeah man, and the reality of witchcraft, ending in death when someone has the compunction for supernatural payback. Hurston is stating through the use of the word materialist that Western thinking, in general, does not concern itself with the integration of the supernatural into daily life.[36] This is an example of the literary subtleties that were overlooked by her critics, who were in bondage to writing about race rather than the preservation of historical culture.

Conclusion

As mentioned in the introduction of the Writing Guide for Students by Storey, I have chosen to research Zora Neal Hurston because her challenges and her methods align

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[35] Hurston, *Hitting a Straight Lick with a Crooked Stick*, 44.

[36] Hemenway, *Zora Neal Hurston*, 194.

with my passion to create an anthropology of chaplaincy that evolves the current model of clinical chaplaincy and brings forward a model which aligns more closely with and operates within the interdisciplinary team network by providing a unique dimension of spirituality and healing. Each medical disciplinary field institutes a specialized and valued skill set. In addition to obtaining in-depth professional training in the areas of religion, spirituality, and mental health, chaplains assist those they serve to find meaning and purpose in the midst of suffering. Furthermore, chaplains provide faith, hope, and belief to many individuals they encounter. It is my goal, much the same as it was with Hurston and Boisen, to create meaningful work and processes that will have a fundamental evolutionary effect on the practice of clinical chaplaincy and the role of chaplains within the mental health space.

The collection of the story within both Anthropology and Clinical Chaplaincy undergirds both the individual and collective autobiography, opening ways to address spiritual pain. Knowledge of the historical self plays a role because it helps to connect the dots between present-day circumstances and can illuminate the way forward concerning spiritual, mental, and emotional healing.

Hurston's work also connects the elements of spirituality and literature. As the daughter of a pastor, she recognized the importance of the divine within the narrative of the individual. Both the supernatural and the awareness of God are permeated throughout her writings. Clinical chaplaincy also acknowledges the need to explore meaning and purpose within the context of illness and suffering through the exploration of the divine.

Hurston's work informs the dilemma of finding meaning and belonging amid systems, suffering, myth, the status quo, marginalization, poverty, intersectionality,

medical apartheid, code-switching, and mental health. Clinical chaplaincy seeks to do the same through the use of the integration of religion, spirituality, and secular mental health resources. Hurston's nuanced work provides foundational techniques that recognize the unique challenges faced by chaplains in secular organizations and offers insight into how to remain authentic to the practice of chaplaincy in primarily non-religious organizations that employ chaplains.

Zora Neal Hurston died tragically in obscurity, living out her last days in a nursing home, and eventually succumbed to a stroke. She had no immediate family present and was buried in an unmarked grave.[37] The curiosity and drive of Alice Walker to search out Hurston and provide a proper headstone began the resurrection of Zora Neal Hurston, who would be proud to know that all of her suffering and sacrifice had not been in vain. Zora Neal Hurston continues to inspire generations of readers, endowing them with a sense of self, personal strength, and revelation.

In life, Hurston would have liked to be recognized for her work; however, that was not the case. Within the past fifty years, her work skyrocketed to the top of the cultural pedestal of what it means to be truly acknowledged for who she was a brilliant person and a literary genius. Hurston was a pioneering figure in the field of anthropology ahead of her time. Despite facing challenges due to race, gender, and unconventional research methods, she remained true to herself and produced authentic work. Her

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[37] Hemenway, *Zora Neal Hurston*, 244.

creativity as an artist and researcher, along with her sacrifices, contributed to the uniqueness of her work. Her headstone reads:

ZORA NEALE HURSTON
"A GENIUS OF THE SOUTH"
NOVELIST, FOLKLORIST, ANTHROPOLOGIST
1901-1960

CHAPTER FOUR

THEOLOGICAL FOUNDATIONS

Introduction

Overcoming a myriad of challenges in life plays a particular role in the compilation of theological premises included in this current writing. In hindsight, the ess has become aware of the providence of God and his prophetic, tangible expression in a personal and professional context through Jeremiah 29:11. As such, there exists a personal desire to explore, through a biblical lens, the causal relationship between mental health, clinical chaplaincy, and pastoral care. For this reason, I propose that the Anthropology of Chaplaincy be used as a lens to explore the interrelation between mental health and chaplaincy. The power of witness through observation and participation in clinical pastoral education undergirds the passion to investigate ways in which clinical chaplaincy can bring meaning and purpose to those experiencing mental health crises in the clinical setting through biblical-based pastoral care. Psycho-spiritual discourse is interwoven between three specific and unique theological concepts: Christian Anthropology, Womanist Theology, and Minjung Theology.

This chapter will interweave three choice theological methodologies to form a comprehensive view of the theological foundations. The three theories enhance and build the toolbox of supporting foundational principles useful to the implementation and support of the integration of clinical chaplains in the hospital environment. Christian

Anthropology endorses the quest of each individual to find meaningful ways to connect to the Divine, using Jeremiah 29:11 as a basis. It also provides an avenue of secular research applicable to both patient and practitioner. Womanist theology demonstrates the ability of God to transcend obstacles regardless of systematic barriers to the advancement of the Kingdom's purpose and people. Finally, Minjung Theology explores the ways in which wounded individuals can find restoration through forgiveness and a pragmatic application of Jeremiah 29:11 to their particular situation.

Clinical Chaplains are an underutilized resource in the hospital behavioral health interdisciplinary teams and the mental health community. Clinical chaplains are trained in religious tradition, spirituality, social-emotional dynamics, interpersonal communication, and behavioral sciences. If organizational leaders and key decision makers of hospital policy were made aware of the positive impact of clinical chaplaincy in the area of mental health, then chaplains would be more fully utilized in the area of pastoral care and able to meaningfully address the spiritual pain of those experiencing a mental health emergency in real-time. Chaplains have traditionally operated as the moral standard, representing the church in secular institutions. They are also called upon to provide sound advice concerning ethics and humane care. Some institutions have tried to substitute social workers and psychologists in place of professionally trained chaplains; however, they do not possess the theological education or spiritual credentials necessary to adequately address spiritual pain. Social workers assist with solving social/societal issues faced by the patient, but they rarely have the ability to identify or mitigate cases where social justice is grossly misappropriated.

Traditionally, religious representatives carry the level of authority needed when speaking truth to power. Psychologists and Psychiatrists comprise the majority of most behavioral health teams that address mental illness in hospitals. Despite their extensive training, they do not address the triune being of the individual totality, meaning the mind, body, and soul. This lack of care for the soul leaves a void in the mental health treatment space, essentially withholding an essential part of healing through understanding and internalizing the word of God specifically as it aligns with the plans he has for those who suffer.

The creation of An Anthropology of Chaplaincy will use ethnographic techniques used by Zora Neal Hurston to explore concepts of faith, culture, and the devolvement of fundamental pastoral care standards to a secular modality of spiritual rather than biblical-based pastoral care. This devolution has negatively impacted the perception, utility, status, and impact of clinical chaplains who spiritually engage patients and staff in the hospital setting. It will also analyze the role and the impact of pastoral care practitioners in the clinical setting. Objections to the utility of chaplains in the clinical setting will be examined and reviewed from a contradicting optic, as proved by the outcome of full chaplaincy integration with behavioral health teams at the Veterans Administrations nationwide.

Womanist Theology will highlight the unseen biases experienced by both patients and practitioners in male-dominated work areas and the ontological anguish that accompanies the task of taking up space and being seen or heard in the clinical hospital setting as a professional and sometimes as an individual. Finally, Minjung theology will probe the theology of the wounded and will be secularly undergirded by Mario Martinez,

author of *The Mind Body Code*. Martinez attributes all emotional wounds to three archetypal emotional injuries: betrayal, abandonment, and shame.[1] Minjung Theology provides the foundation to biblically explain emotional brokenness and the societal repercussions incurred on a personal and societal level.

Methodology

At the onset of this body of research, I was tasked with choosing between Christian anthropology and theological anthropology as a basis for the creation of An Anthropology of Chaplaincy. While both are important to the dialogue of impactful pastoral care, theological anthropology concerns understanding the human being as a whole person in relation to God. Christian anthropology utilizes a Christian worldview to draw ontological conclusions. Theological Anthropology is concerned with spirituality in general and can include a myriad of religions and belief systems. Christian Anthropology seeks to meaningfully translate and put into practice Christological understanding.[2] Essentially, the Christological component is compulsory for the formation of an Anthropology of Chaplaincy because the person of Christ is at the core of pastoral care and has the ability to address and resolve spiritual pain.

Ontological Anthropology is also presented as a possible avenue of exploration as a basis for understanding the effectiveness and impact of biblically based pastoral care. However, pastoral care has devolved away from a biblical nucleus. Christian

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[1] Mario Martinez, *The Mind Body Code: How to Change the Beliefs that Limit Your Health, Longevity, and Success* (Louisville, CO: Sounds True Publishing, 2016), 216-222.

[2] Jon Bialecki, Naomi Haynes, and Joel Robbins, "The Anthropology of Christianity," *Religion Compass* 2, no 6 (2008): 1139-1158.

Anthropology was chosen as a means to undergird the hypothesis, which seeks to explore the possibility of educating the following: leaders who belong to the behavioral health department and expose them to the possibility of interdisciplinary participation between pastoral care and behavioral health then these individuals would be more inclined to utilize the skill set of clinically trained chaplains within the mental health environment. Additionally, Christian Anthropology more closely aligns with morals and principles rooted in traditional Christian principles, providing a stronger basis to build through a clinical anthropology of chaplaincy.

Anthropology, the academic science that is concerned with the analysis of cultures, pairs well with theologically Christian-based anthropology, creating a synergistic relationship between the two disciplines. Christian anthropology pursues avenues of understanding ways in which the world can be religiously meaningful in a post-modern world.[3] In an increasingly political and religiously divided society, spiritual apartheid has become part of the growing secular narrative moving away from Christian principles. There exists discrimination with consideration to the mention of the name of Jesus in the public sector, specifically during public prayer and state-sponsored events. Inevitably, through the evolution away from the traditional morals and values of the early twenty-first century, the long-established custom of biblically based pastoral care has devolved into an almost entirely spiritual-interfaith practice.

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[3] Marc Cortez, *Theological Anthropology: A Guide for the Perplexed* (New York, NY: Bloomsbury T&T Clark, 2010), 183-190.

Christian Anthropological Perspective

The inception of pastoral care began in the second century B.C. with discourse to investigate the relationship between human physiology and the soul or spirit.[4] Appreciation of the human body began to emerge. It was accompanied by the development of medical science, which separated the consideration of the mind and soul when treating physical ailments.[5] Previous philosophical and anthropological debates encompassed the intertwined nature of the soul and the body. As Christianity gained popularity within Greco-Roman society, converts adhered to scriptural renderings of the nature of man and began to shape the pragmatic practice of discipleship in the Christian way of life.[6] Every aspect of life was permeated by Judeo-Christian thought.

Fundamental Christian doctrine during that time and to a degree in the twenty-first century believes in the power of God to remedy what ails the soul and the body.[7] The division of these two thought patterns brought about the inception of the schism, which gave birth to the allopathic methodology of healing, which treats ailments of the mind or soul separately from the physical body, and supernatural occurrences were not uncommon.[8] The main inhibitor to treating mental illness in contemporary society is the division of mind and body in treatment. The triune attributes that comprise an individual are often overlooked. Medical care professionals operating in clinical emergency and

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[4] W. Telfer, "The Birth of Christian Anthropology," *The Journal of Theological Studies* 13, no.2 (1962): 347-354.

[5] Bialecki, "The Anthropology of Christianity," 77-79.

[6] Telfer, "The Birth of Christian Anthropology," 67-69.

[7] Bialecki, Haynes, and Robbins, "The Anthropology of Christianity," 81.

[8] Bialecki, Haynes, and Robbins, "The Anthropology of Christianity," 84.

non-emergent medical services are asked to treat unseen illnesses for which they have little to no scriptural basis to offer a spiritual remedy of relief beyond the scope of pharmaceuticals.

The development of Cognitive Behavioral Therapy (CBT) in the field of psychology puts forward an example of this theory. Developed by Aaron Beck in the late sixties, CBT is designed to redirect cognitive thoughts, helping clients reframe ingrained beliefs about themselves and others.[9] Through the reframing of those beliefs, clients/patients can bring about changes in patterns of behavior that have been destructive prior to engaging in CBT therapy. The relationship of empathy, trust, and collaboration are integral to the success of this type of therapy.[10] CBT has experienced a clinically proven success rate and can be a useful secular tool of pastoral care for those who do not adhere to spiritual models of healing.[11]

The quest to understand the etiology of illness, mental illness in particular, must start from a fundamental basis of understanding from a Christian Anthropological perspective the nature of humanity through ethnographic participation and intellectual understanding of theological precepts unique to those on the receiving end of treatment.[12] If the emergency rooms of current America are a reflection of the state of society, then this research will be useful to offer a varying narrative to the treatment of mental health

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[9] Joseph W. Ciarrocchi, *A Minister's Handbook of Mental Disorders* (New York, NY: Paulist Press, 1993), 181.

[10] Nikolaos Kazantzis, and Keith S. Dobson, "Therapeutic Relationships in Cognitive Behavioral Therapy: Theory and Recent Research," *Psychotherapy Research* 32, no.8 (2022): 969–971.

[11] Ciarrocchi, *A Minister's Handbook of Mental Disorders*, 64-65.

[12] Ciarrocchi, *A Minister's Handbook of Mental Disorders*, 89.

crises from an allopathic and a spiritual perspective, addressing the spiritual pain of the patient in addition to the physical ailments that accompany psychotic breaks.

Illness falls into specific categories regarding traditional Western methodologies of healing. The National Institute of Health categorizes them as intrinsic, from within, extrinsic, of external origin, and idiopathic, cause unknown. Generally, a mental health crisis in the clinical emergency room setting falls under the idiopathic category.[13] Because the cause is not viewed as physical nature, treatment is superficial and temporal and does not produce fundamental change or bring long-term relief on behalf of the patient. One of the reasons for incorporating Christian Anthropology in connection to the clinical setting is to gain insight through the ethnography of clinical chaplaincy as expressed and demonstrated in the clinical setting.

In the article "The Anthropology of Christianity," Bialeck et al. investigate the connection to modernity and the unfolding of religion, spirituality, and moral changes. For them, the modifications made to religion, spirituality, and morality have necessitated the need to explore Christianity from an ethnographic perspective, focusing on social norms, people, and interchangeable differences. These perspectives are impacted by the use of language, gender, race, the cultural structure of the individual or group, and the relationships developed within the structure.[14] These factors are important for the development of an integrative anthropological chaplaincy model. Based on the collection of ethnographic data observed and participated in at the time of the mental health of the

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[13] Ciarrocchi, *A Minister's Handbook of Mental Disorders*, 91.

[14] Bialecki, Haynes, and Robbins, "The Anthropology of Christianity," 1139-1158.

patient before and during hospitalization, an evidence-based model of spiritual, pastoral care can be created and utilized to address the spiritual pain of the individual.[15]

Christian anthropology has the potential to derive insight from sociologist Talcott Parsons. His Theory of Structural Functionalism embraces the idea that free will and individual choices made out of free will are shaped through cultural values and social constructs that limit the perceived choices.[16] This can be illustrated through the observation of SAT questions, which speak to various demographic populations. Often, information is known only to specific demographics, which will be either included or excluded in particular versions of the test. Participants who live in urban public housing will be more likely to be unable to answer SAT questions. In contrast, participants who live in rural areas and are accustomed to lighting a fire in a fireplace will have an easier time answering those questions. Parsons affirms psychological choices are not based on an internal psychological process but rather on the dominant social norms of the time.[17]

An example of this theory is expressed in the emergence of gender politics, which dismisses the Bible as a basis of moral code with respect to sexuality and sexual practice. Parsons' secular sociologist theory is supported by the works of Lemons in Theologically Engaged Anthropology. Lemons asserts that theology is better understood within the culture in which it is expressed. In his quest to understand what anthropology can contribute to theology, culture remains the dominant variable through which information

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[15] Bialecki, Haynes, and Robbins, "The Anthropology of Christianity," 78

[16] Talcott Parsons, *The Structure of Social Action*: *A Study in Social Theory with Special Reference to a Group of Recent European Writers*, vol. 1 (New York, NY: Free Press, 1968), 327.

[17] Parsons, *The Structure of Social* Action, 75-81.

is derived.[18] The dominant culture and sub-cultures within the primary culture shape the individual's narrative, worldview, choices, and beliefs.[19] Additionally, Christian anthropology has the unrealized potential to address the phenomenological components of religion in the clinical setting where patients and staff know of religion, are aware of and believe in the existence of God; however, they do not possess the understanding of their tenets of faith, nor are many of them able to articulate why they believe what they believe.[20]

According to *The Limits of Meaning: Case Studies in the Anthropology of Christianity*, Engelke and Tomlinson pose questions that critique Christian Anthropology. They seek to disprove the probable incarnational experience supported by biblically based pastoral care practitioners and instead focus on the analysis of failure as a means to understand life from an aspect of failure as a means to face the uncertainties in life.[21] This point of view diametrically opposes the premise of Jerimiah 29:11, in which God exclaims his deliberate will for creation, redemption plan, and restoration after a period of hardship or struggle. Their collection of essays explores topics that address the collapse of religious life. Subjects include preachers whose sermons "fall flat," marginal prophets, those unable to relay their personal faith tenets, backsliders, and even those who fall asleep in the congregation during the sermon.[22] Their arguments in these areas

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[18] J. Derrick Lemons, ed., *Theologically Engaged Anthropology* (Oxford, UK: Oxford University Press, 2018), 251.

[19] Parsons, *The Structure of Social Action: A Study in Social Theory with Special*, 101.

[20] Parsons, *The Structure of Social Action*: *A Study in Social Theory with Special*, *108*

[21] Matthew Engelke, and Matt Tomlinson, eds., *The Limits of Meaning: Case Studies in the Anthropology of Christianity* (New York, NY: Berghahn Books, 2006), 109.

[22] Engelke and Tomlinson, *The Limits of Meaning*, 82.

are subjective in that they rely heavily on the individual contribution to the assembly rather than the culture that actively participates in or sanctions the various religious behaviors. Understandably, their efforts to comprehend meaning and purpose through failure present a paradox to chaplain practitioners operating from the narrative of possessing hope, a future, and an expected end.

Moreover, Engelke and Tomlinson explore anthropologically how humans respond to chaos, accept the unexplainable, and endure mental and physical torment.[23] Considering that the authors are using a Western-dominated paradigm to pose the above questions is essential. Lesser developed countries have always been aware of the divine cosmos and its relation to humanity. Suffering is not viewed through a lens of futility or victimhood but rather as a part of life.

For those less inclined to use philosophy to comprehend chaos, the use of religious texts, generational knowledge, customs, and social norms helps to acclimate to chaos and uncertainty. James Cone's works, *The Cross and the Lynching Tree,* boldly share insight referencing instability, fear, and chaos, which have been normalized in many marginalized and oppressed communities. Cone writes, "The Cross is something that you bear and ultimately die on."[24] The idea of suffering is not new to those who have continually existed on the fringes of society. Christian Anthropology, coupled with an Anthropology of Chaplaincy, must incorporate a pragmatic rather than philosophical dialogue in order to find meaning in suffering and offer hope to individuals through the

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[23] Matthew Engelke, and Matt Tomlinson, eds., *The Limits of Meaning: Case Studies in the Anthropology of Christianity* (New York, NY: Berghahn Books, 2006), 173.

[24] James Cone, *The Cross and the Lynching Tree* (Maryknoll, NY: Orbis Books, 2013), 64-68.

development of frameworks that challenge contemporary attitudes practitioners may have as those beliefs impact mental and spiritual recovery from crisis.

Joel Robbins offers insight in his article, "The Anthropology of Christianity: Unity, Diversity, New Directions: An Introduction to Supplement 10," published in the *Current Anthropology* Journal. He articulates the need to include the contrasts between urban and rural settings, music, rituals, worship styles, beliefs, political affiliation, dress, demographics, race, and gender.[25] Christian churches can be isolated and segregated during the most sacred Sunday hours; however, this is a reflection of the Christian experience and Christian culture, which reflects deep anthropological truths about culture, habit, perceived societal norms, and acceptance.

Womanist Perspective

Insight from the family-owned holistic herbal store for over thirty years in an urban neighborhood reminds the essayist of something the owner used to say often: "Health is Wealth." As a young person, this snippet of wisdom was taken for granted; as an adult, things have shifted. This idiom is relative to my career as a professional chaplain and an individual. Generally, mental health and emotional well-being are not closely aligned with this expression. It normally refers to physical well-being, observable maladies we can see. However, mental health issues are, in a general sense, unseen in a society that embraces stress as the norm and the price to pay for monetary gain. Mental

[25] Joel Robbins, "The Anthropology of Christianity: Unity, Diversity, New Directions: An Introduction to Supplement 10," *Current Anthropology* 55, no. S10 (2014): S157-S171.

health in much of Southwest Texas is declining significantly, as is reflected in the emergency rooms applicable to the specific context of the writer.

There are two main contributors to the lack of mental health and wellness that can easily be attributed to the abundance of normalized societal dysfunction and national bureaucratic policy that has removed numerous mental health and wellness services from the public sector. Lack of resources coupled with a change in American orthopraxy has led the essayist to embrace the tenets of Womanist Theology in relation to the implementation of quality medical care, accessibility to resources, and respect of persons. Prior to the inception of Womanist Theology, Liberation Theology laid the foundation for addressing the lens of inequality through which the Gospel was preached, expressly to various minority groups. James Cone correctly points out the hypocrisy of the preached hegemonic Gospel in the United States. He calls attention to lynchings in American History and correlates them to the death of Jesus on the cross, calling the crucifixion of Jesus an early-century lynching.[26] Cone inadvertently created a unique component of Christian Anthropology through the analysis and exploration of the historical ethnography of Christian Black and White America. Furthermore, Cone highlighted the notion that Christian orthodoxy had two very different meanings for the dominant and oppressed people of the United States. Cone also complements elements in Womanist Theology as it explores how minority and oppressed women experience class, race, and

[26] Cone, *The Cross and the Lynching Tree*, 35.

gender in ministry.[27] Dr. Jacquelyn Grant captures this sentiment perfectly in her work *White Woman's Christ, Black Woman's Jesus*.[28]

Out of this lived expression of pseudo-equality, coupled with the inability of the feminist movement to adequately address the issues encountered by Black women in society at large, came the ideology of Womanist Theology from Jacquelyn Grant. Grant also indicts the feminist perspective for its inability to see that the ideology as a whole, which assumes the universality of experience, is not representative of Black women. The White feminists charge that the universality of White males is not synonymous with experience with White females. Inadvertently, the feminist ideology reinforces the patriarchy which feminism seeks so desperately to be free of. Grant also identifies several groups within the feminist movement who expound on varying degrees of fluidity within the academic sector regarding their beliefs constituting their theological point of view. The first category she refers to is Christian feminists, who agree that the Bible has been used to reinforce male patriarchy, as previously stated.[29]

Secondly, she identifies what she terms Biblical feminists who are grounded in scripture but critically evaluate the text and perform careful exegesis.[30] Lastly, she sheds light on the group she calls the Liberation feminists. This group embraces the fundamental tenets of Liberation Theology; however, they focus specifically on the

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[27] Cone, *The Cross and the Lynching Tree*, 28.

[28] Jacquelyn Grant, *White Women's Christ and Black Women's Jesus: Feminist Christology and Womanist Response* (Atlanta, GA: Scholars Press, 1989), 122-126.

[29] Grant, *White Women's Christ and Black Women's* Jesus, 202.

[30] Grant, *White Women's Christ and Black Women's Jesus*, 97-100.

liberation of women within the comprehensive context of Liberation Theology.[31] Grant's academic work exposes the ontological differences between Black and White women. These differences are critical in relation to comprehending the experiences faced by minority women in society. Since the baseline of experience is vividly diverse in education, gender, culture, race, ethnicity, and available resources, Black women are professionally and personally impacted by pre-suppositions and biases (conscious and unconscious) at any given time.

It is at this juncture that intersectionality becomes paramount to the discussion. Intersectionality, a term coined by Kimberle Williams Crenshaw, a civil rights activist and foremother of Critical Race Theory, creates for the public an awareness of how the social constructs of race, class, and gender intersect and are impacted by oppression and discrimination.[32] These combined factors impact ways in which women who are considered minorities receive health care, mental health in particular, and it also affects those who operate in the professional setting because of the lingering effects of active intersectionality that minority women are compelled to find innovative ways and strategies to self-actualize in a society that places limits on the ascension of Black women in society.

Zora Neale Hurston continually encountered intersectionality and blatant racism in her collection of anthropological data from benefactors and peers alike. Zora Neale Hurston, a pioneer in Anthropology, garnered the courage to take on what was not yet coined as intersectionality and yet endured and triumphed over racism, classism, sexism,

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[31] Grant, *White Women's Christ and Black Women's Jesus*, 100.

[32] Grant, *White Women's Christ and Black Women's Jesus*, 265.

and gender bias in the realm of anthropology during the course of her career. She sent cryptic letters pandering to her benefactors and candid letters of straightforward thought to her peers. Two examples are included: one to her benefactor Charlotte Osgood Mason, who required certain materials from Hurston in order to continue patronage. The required material was to be fashioned to present Black people of America in a certain context favored by the benefactor.[33] In the second letter, she confides in a friend, James Weldon Johnson, Executive Secretary of the NAACP, author and composer of Lift Every Voice and Sing. Her letter to Johnson explains the patriarchy and oppression she received at the hands of other Black men.[34] To Charlotte Osgood Mason, December 1927, Hurston writes:

> Dear Darling Godmother (Osgood insisted on being called Godmother by her benefactors), You have given me the happiest Christmas season of all my life. For the first time ever, I was among friends and well fed and warm. I could give and receive. I had love. I felt you warm and close, urging me on to happiness. Nothing was lacking, even to the traditional eggnog. Godmother dearest, far-seeing one you have given me my first Christmas. I mean the first Yule season where reality met my dreams. The kind of Christmas that my half-starved childhood painted. Thank You, dear Godmother. Zora.[35]

Although Zora Neale Hurston experienced a non-extravagant upbringing during childhood, her mother died when she was a young adult, and her father could not afford to educate her beyond high school. She may have slightly pandered in this letter to her benefactor. The letter undergirds a fundamental tenet of Womanist Theology; often, minority women are viewed through a lens of ineptitude by those in control and positions

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[33] Hemenway, *Zora Neal Hurston: A Literary Biography*, 253.

[34] Hemenway, *Zora Neal Hurston: A Literary Biography*, 255.

[35] Carla Kaplan, ed., *Zora Neale Hurston: A Life in Letters* (New York, NY: Double Day, 2002), 428.

of power. This belief filters down to mainstream society, reinforcing stigmas and barriers to ministry and life-long professional development.

In another letter to her friend James Weldon Johnson, she complains about being on the receiving end of envy from men of her race. In this letter, she laments about another artist who passes her work and the work of others off as his own. Hurston writes:

> February 1938
> Dear Lord Jim, I get tired of the envious picking on me…he spends his time` trying to cut the ground from under everybody else. So far as the young writers are concerned, he runs a mental pawn shop. He lends out his patronage and takes in ideas which he soon passes off as his own.[36]

Hurston's letter illustrates the levels through which she experienced the consequences of intersectionality from "friends" and benefactors during her career and personal relationships. The perception of women of color in many circles of society, including their cultural affiliations and traditions, regularly contributed to the complexities of race, class, and gender as lived by those for whom the term Intersectionality was created. Ironically, Hurston's research illuminates the necessity to review patterns of biased and unbiased discrimination that come from "friendly" family and friends and those who are hostile and diametrically opposed to the advancement of women, women in religion, or women in the professional arena.

Minjung Theological Perspective

Examining Minjung Theology from the perspective of Jeremiah 29:11 clarifies the commonality of universal archetypal wounds that cause suffering. The Theology of the Wounded is defined as the slow death of the spirit due to wounds incurred throughout

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[36] Kaplan, ed., *Zora Neale Hurston*, 44.

life that cause soul wounds.[37] In *From Hurt to Healing: A Theology of the Wounded*, Park argues, "Han is the collapsed anguish of the heart due to psychosomatic, social, economic, political and cultural repression and oppression."[38] These wounds can be caused by trauma, which encompasses abuse, violence, exploitation, neglect, injustice, or any situation where someone is violated, and the effect of the violation of the physical and transcends the soul.

As a practitioner, I have observed patients who live through a lens of spiritual pain incurred through trauma and dysfunctional family and intimate relationships. These individuals and others who have been weighed down by the hardships of life have not yet mastered the ability to receive the promise of Jeremiah 29:11 for their lives. Han is an illness of the soul which cannot be treated on a physical or mental level alone.[39] Han must be healed from a spiritual paradigm, specifically a Christian paradigm. Hospital institutions typically do not recognize spiritual forms of "treatment" as formal management of mental health treatments.

Also, opposition to religious professionals in the workplace has been a point of contention for some who believe in the absolute separation of religious principles and beliefs in secular institutions. The totality of Han is not often recognized as a soul wound in society. Han can be categorized as a form of collective consciousness where everyone, at some point in time for an individually unique reason, can experience a soul wound. Soul wounds also have epigenetic memory and are displayed through culture, customs,

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[37] Andrew Sung Park, *From Hurt to Healing: A Theology of the Wounded* (Nashville, TN: Abingdon Press, 2004), 217.

[38] Park, *From Hurt to Healing*, 11.

[39] Park, *From Hurt to Healing*, 13.

and behaviors passed down from generations unknowingly, sometimes through trauma, i.e., chattel slavery. Clinical chaplains are trained to address these conditions, but according to the Association of Clinical Pastoral Education (ACPE) standards, they can only do so superficially because the ACPE standards do not support a biblical practice of spiritual healing.[40] Instead, ACPE supports psychological techniques of healing, which can sometimes stand in opposition to the Gospel.

Chaplains are most often utilized during times of emergency because of their ability to assist with distress management. However, beyond the scope of emergencies and ethics, chaplains are not normally included in the mental health space as interdisciplinary team members to address spiritual/emotional pain and to assist in forming a resolution to the mental health crisis. Most often, chaplains are seen as staff who provide emotional support, crisis intervention, and spiritual guidance. While all of these functions are traditional and necessary, the ability to address spiritual wounds will never take place within the limited confines of superficial roles chaplains are asked to play in medical and secular institutions.

From the perspective of the Bible, it is clear that each person within the narrative experienced some type of crisis that caused them to grow spiritually, mentally, emotionally, and in a myriad of other ways. Some succumbed to their circumstances. Most often, they were able to come to the realization and fruition of the plan of God for their lives. Understanding this component is important to the revelation of Jeremiah 29:11. It can be interpreted that despite opposition, challenges, and setbacks, ultimately,

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[40] "ACPE Standards and Portfolio Expectations - ACPE Manuals – 2025," *ACPE*, 2025, www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/acpe-accredited-program-standards.

the plan of God will come to fruition despite having been wounded. Secular tools of mental/spiritual healing do not give voice to the role of redemption in the lives of those who have suffered, especially unjustly. Additionally, understanding the redemptive nature of God is relevant to the pragmatic inheritance of the Jeremiah 29:11 promise. The Han theology of the wounded is of vital importance to incorporate when considering those who suffer from mental health crises and, in some cases, the ongoing effects of mental health neglect or inability to resolve the catalyst of the mental crisis.

In his analysis of Minjung Theology, Kwon shares insight into the need for individuals to assess where they are "today" in the midst of suffering.[41] However, as a practitioner who witnesses the wounded in real-time, the question arises as to whether or not emotionally and mentally wounded individuals can assess themselves without the element of hope provided by the Gospel. Kwon is correct that Asian theologians have more in common with liberation theologians because of cultural traditions, the diversity of languages, the vernacular, and the common experience of exploitation and oppression. But the overall effects of Han (archetypal wounding rooted in shame, abandonment, and betrayal) do not have a specific race, creed, or ideology.[42]

Conclusion

The Department of Veterans Affairs has long integrated formal chaplaincy into the multidisciplinary teams to assist Veterans in identifying and healing from spiritual pain. Chaplaincy is built on four traditional pillars through which trusted relationships

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[41] Jin-Kwan Kwon, *Minjung Theology Today: Contextual and Intercultural Perspectives* (Leipzig, Germany: Evangelische Verlagsanstalt, 2018), 214.

[42] Park, *From Hurt to Healing*, 17.

have been nurtured and developed from the lowest to the highest levels. Chaplains are known for Providing, Facilitating, Caring, and Advising.

The secularization of pastoral care has weakened the office of the clinical chaplain. Professional chaplains now strive to fit a spiritual rather than biblical narrative in an effort to remain relevant to the secular hospital environment. There is tension between the authentic, biblically based clinical chaplain and the secular expectations of spiritual care in the hospital settings. Chaplains who are and remain biblically sound offer words in due season to those patients and families who experience egregious circumstances surrounding health, hope, and healing, having the ability to recognize areas of bias intersectionality, and those who are experiencing Han.

Pastoral care can be reimagined as a social movement born through Twenty-First Century Christian Anthropology. This context operates within a for-profit medical system. Financial gain is the primary driver of business operations, and there is little room for the intangibles of spirituality during a mental health crisis. However, this can be transcended by returning to the authentic principles that undergird pastoral care from its inception. Finally, spiritual wickedness has become popular to the degree that individuals do not fully comprehend the spiritual wickedness and the effects it has on their lives. The spiritual wickedness runs parallel to the personal and collective distress experienced by so many. It is the inability to mitigate the suffering which eventually leads to mental health crises.

The degree that Christian Anthropology is received and understood in the context of clinical pastoral care, and the connectedness to the theories of Womanist and Minjung Theology is the degree to which a new era of impactful pastoral care will change the

current status quo of the clinical chaplain in the hospital setting. These three wildly different theologies tie into the narrative of what it means to practice pastoral care from a fresh perspective.

CHAPTER FIVE

INTERDISCIPLINARY FOUNDATIONS

Introduction

Although it is not commonly addressed during a mental health emergency, the relationship between the psychological and spiritual dynamic of an individual actively engaged in a psychogenic crisis is closely interwoven. The psycho-spiritual dynamic plays an integral role in both the pastoral care practitioner and patient, making it the dominant theme of this writing. Because the symbiotic relationship between mental health and spirituality is not promptly considered by the behavioral health leadership teams, it is theorized that if they were made aware of the utility of a trained clinical chaplain during a mental health crisis, then they would be more prone to incorporate them into the method of treatment.

Mental imbalance has become a crucial focal point of American society as 21st-century changes and evolving social norms take a toll on the psychological health of the population. Societal pressure in the areas of interpersonal relationships, finances, physical health, employment, and a myriad of other areas all contribute to high stress levels. The inability of an individual to manage stress can act as a catalyst for the onset of a mental health breakdown.[1]

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[1] W. Arthur, *At the Will of the Body: Reflections on Illness*, 112.

Attachment theory is the chosen psychological theory that will be used to help create a clinical anthropology of chaplaincy, thereby creating a methodology of spiritual care that reinforces the triune being and solidifies the need to treat mental health patients in spirit (God), mind (mental health), and body (allopathic).

Attachment theory contributes to the problem of the project because it undergirds the foundational precept of an Anthropology of Chaplaincy, which maintains that if leaders understand the psychological components clinical chaplains have to offer, coupled with spiritual support that chaplains can render to patients during mental health crises, then they would be more inclined to include chaplains on the behavioral health teams and integrate seamlessly into the interdisciplinary teams. The feasibility of an integrated or interdisciplinary chaplain model would be accepted and utilized. The cultural and organizational perspective toward the practicality of clinical chaplain utilization would evolve to align more seamlessly with contemporary models of clinical pastoral care without losing the integrity of biblically based spiritual support.

The diagram below outlines the basic model for an Anthropology of Chaplaincy, which incorporates the major areas of consideration when addressing a psychological crisis with a pastoral care resolution using Attachment Theory as one of the anchors. This theory supports the project hypothesis using anthropology as an independent study focused on humanity and the exploration of the categories of biology, behavior, society, culture, and language. These categories provide the fundamental basis for analyzing almost every aspect of human behavior. They also provide key components that support Attachment Theory, helping to display the causal relationship between mental health and relationships.

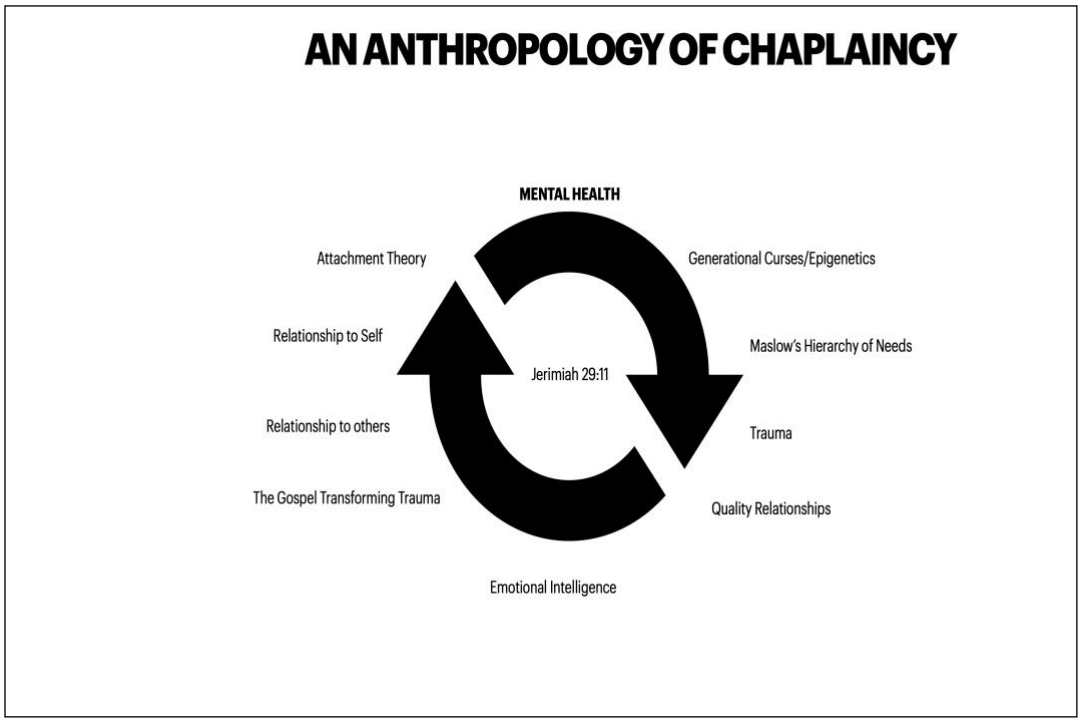

Figure 1. An Anthropology of Chaplaincy

Attachment Theory was introduced by John Bowlby in 1958 as a clinical approach to psychotherapy. The theory asserts the presupposition that the ability of children to find solace in a reliable caregiver when feeling distressed or endangered contributes to mental and emotional stability.[2] In other words, when children are prone to feelings of stability and protection in all aspects of life, they are more likely to form healthy and lasting relationships in adulthood.[3] Fearon and Roisman focus their article on four categories, which they consider to be the main pillars of Attachment Theory. The first pillar examines the environment in which individuals are exposed to. Demographics, exposure, access to resources, justice, equality, and opportunity all play a role in shaping

[2] R. M. Pasco Fearon, and Glenn Roisman, "Attachment Theory: Progress and Future Directions," *Current Opinion in Psychology* 15 (2017): 131-136.

[3] Fearon and Roisman, "Attachment Theory: Progress and Future Directions," 65.

individuals and how they perceive the world and themselves within that world. The second role they explore is the role of intergenerational patterns of attachment.[4]

In the same way, physical traits and potential illness can be inherited, so can spiritual characteristics be inherited. This can also be examined from a biblical perspective, exploring the nature and the concept of generational curses. A genogram also serves as an example through which generational patterns (alcoholism, gambling, poverty, wealth, personality characteristics, etc.) can shape the life of the individual if they are unaware of what they may be predisposed to from a physical and spiritual standpoint.

Attachment theory surmises that securely attached infants have more favorable results than infants and young children who are insecurely attached. The strong attachment in infancy gives the child a stronger base from which to explore the world, meaning they feel more secure in venturing out to explore the world.[5] Flaherty and Cherry explain in their article from the National Library of Medicine the areas in which securely attached infants and children thrive. Important areas that parallel Maslow's Hierarchy of Needs and Developmental Theory are highlighted to include cognition, social skills and abilities, and behavior.[6] An important assumption is made regarding adolescent parenting. The authors of the article call attention to the pattern of interruption of parenting created by adolescent parents, which then creates maladaptive parenting as a

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[4] Fearon and Roisman, "Attachment Theory: Progress and Future Directions," 66.

[5] Serena Cherry Flaherty, and Lois Sadler, "A Review of Attachment Theory in the Context of Adolescent Parenting," *Journal of Pediatric Health* 25, no. 2 (2011): 114-121.

[6] Flaherty and Sadler, "A Review of Attachment Theory in the Context of Adolescent Parenting," 114-121.

result of the absence of fully developed cognitive abilities in the adolescent parent. Developmental and emotional bonds are not fully realized, eventually creating adults who do not have the emotional intelligence or emotional capacity to handle stress.[7] The writer draws two conclusions from the subject matter. First, there exists in both past and present a multitude of parents who, for a variety of reasons, possess non-assuring parenting skills that may affect adulthood.

Secondly, a popular method of self-soothing, known as the Ferber Method, emerged in the mid-nineteen eighties. This method was introduced by Richard Ferber, who advocated for controlled crying, allowing children and infants to cry themselves to sleep.[8] This was designed as a type of sleep training to be utilized for children who continually woke from sleep cycles. Although the writer is not in the field of psychology, there is a correlation to be made between the outcome of the Farber sleep training method and the four attachment styles outlined by Bowlby. Children who fail to meet their needs in infancy are more likely to experience difficulty in both romantic and most adult relationships.[9] In contrast, CNN highlighted a tribe in the Republic of Congo who responded as a community to the cries of children within forty-five seconds.[10] Sadly, there is little research available to support the outcome of this communal style of parenting in adulthood and the immediate response to the cries of their children vs allowing them to self-soothe.

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[7] Flaherty and Sadler, "A Review of Attachment Theory in the Context of Adolescent Parenting," 114-121.

[8] Richard Farber, *Solve Your Child's Sleep Problems* (New York, NY: Touchstone, 2006), 192.

[9] Farber, *Solve Your Child's Sleep Problems*, 137.

[10] Farber, *Solve Your Child's Sleep Problems*, 153.

Bowlby's work began with studying the relationship between infants and their primary caregivers, primarily the mother. The research concluded that several major attachment styles determine an individual's life patterns and relationships. Secure attachment classifies individuals who have received supportive child-rearing. They generally are more resilient, empathetic and have positive, engaging relationships. Anxious-avoidant type attachment is characterized by those who have trouble managing stressful circumstances. They generally tend to avoid situations as a means to alleviate emotional stress. These types of individuals also tend to have trouble forming relationships that meet their needs. Avoidant attachment can be classified as co-dependent. They remain close to caregivers because they are unable to manifest the self-confidence needed to form meaningful relationships with themselves or others. Lastly, Disorganized attachment characterizes those who have been unable to employ coping strategies for separation and stress. This attachment style is sometimes characterized as violent or disruptive.[11] Bowlby's research reinforces several biblical scriptures referencing child rearing for success and longevity of family, tradition, and cultural/religious norms. Ephesians 6:4 "Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord." Balanced parenting is a biblical mandate, and Bowlby's research reinforces the biblical social construct of maintaining safe, healthy, and emotionally intelligent parenting skills. However, because we live in a fallen world, the intellectual weight of parenting has been shouldered by psychological and scientific ideals.

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[11]Susan McGarvie, "Attachment Theory, Bowlby's Stages and Attachment Styles," *PositivePsychology.com*, November 28, 2024, https://positivepsychology.com/attachment-theory/.

Despite the secular nature of Bowlby's theory, he provides a fundamental paradigm of parenting that is integral to producing healthy adults who embody mental toughness. Harvard Business Review has coined the phrase mental toughness, using it as the title for one of its published journal compilations. The writer purchased this book at an airport and subsequently missed the flight due to the content of the book. Alia and Thomas Crum offer valuable insight into how leaders can better handle and adapt to stress, sharing information, strategies, and techniques that are easily transferable to those who experience stressful circumstances. They recommend several key components to handle stress. First, recognize the stress as opposed to avoiding or denying it once the stress is named; they believe, based on research by Matt Leiberman, a neuroscientist, that the brain moves from a reactive response to a more conscious and intentional state. This acknowledgment allows the person to choose a more deliberate rather than reactive response.[12] Some parents physically discipline out of anger and stress reactively rather than from a cognitive, non-angry emotional state.

Secondly, they recommend owning the stress. This is explained as using the ability to manage expectations. No one gets through this life unscathed in some way. The ability to re-direct focus cognitively as a strategy to mitigate stress is simplistic and effective. A degree of stress should be expected in life. They bring to mind combat situations in which military members find themselves faced with stressful and arduous circumstances and yet are able to center themselves to perform in the midst of chaos.[13] The writer can attest to this component of the mental toughness theory. Many individuals

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[12] Martin Seligman, Tony Schwartz, Warren Bennis, and Robert Thomas, *HBR's 10 Must Reads on Mental Toughness* (Boston, MA: Harvard Business Review, 2018), 55-61.

[13] Seligman et al., *HBR's 10 Must Reads on Mental Toughness*, 59.

who enter the armed forces come from brokenness; however, through training and indoctrination, they develop the skill set needed to perform under duress. Stress management can be cognitively learned in conjunction with the Holy Spirit, even by the brain altered by trauma. Specifically for the military, a new attachment is created. New families, allegiances, connections, bonds, and peer relationships are formed, creating a new and secure base from which to operate within the military structure. The created bonds are often life-long because they act as a replacement for the non-existent or unhealthy attachment style created in youth. (Note: This is not the experience for all service members. Some have difficulty with acceptance, adaptability, and forming secure attachments).[14]

Attachment theory is a meaningful choice for the writer because it organizes a system of ideas surrounding childhood, identity, relationships, and personal fulfillment. It also closely aligns in many ways with the historical narrative of the Bible, displaying correlating challenges faced by a multitude of biblical characters. Healthy families create healthy societies. From the beginning of biblical history, humankind has been on the receiving end of what is termed spiritual warfare, intended to disintegrate the family nucleus and allow societal norms and morals to replace divine moral codes and laws. Cain and Abel provide the first example of family dysfunction, closely followed by Jacob and Essau, Noah, Abraham and Lot, The Prodigal Son, and more. The seeds of families (children) are often on the receiving end of situations or circumstances created by a fallen world that affect how they self-actualize and who they become as adults as it relates to emotional intelligence. Some of these characters provide the benchmark of non-

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[14] Seligman et al., *HBR's 10 Must Reads on Mental Toughness*, 59-61.

supportive families and non-secure attachments. Yet, despite the absence of a strong family underpinning, they managed to fulfill the purpose presupposed for their lives, according to Jeremiah 29:11.

King David, for example, was considered to be the least of the sons of Jesse, and when the time came to anoint the second King of Israel, David was not even considered until the Prophet Samuel asked whether there was another son. (1 Sam. 16) Joseph was adored by his father, sold into slavery by his brothers, and later became the Viceroy of Egypt, saving the very same brothers who despised him in his youth. (Gen. 41:37-39) Sibling rivalry, rebellion against parents, incest, emotional and physical trauma, complicated grief, and resolution through the hand of God are all common themes of the Biblical narrative. Attachment theory allows individuals to place themselves within the narrative, which most closely correlates with the hardship they are experiencing. In doing so, they can observe that despite weak foundational bonds, the express purpose of God in their lives can still be brought to fruition.

Bowlby's theory, as previously mentioned, is slightly aligned with the first two foundational blocks of Maslow's Hierarchy of Needs. Physiological needs, meaning the necessities of life, food, shelter, and clothing, are considered the most basic needs for a human being, especially so for children since they cannot provide those needs for themselves.[15] Secondly, Safety and Security are preconditions necessary to progress up the pyramid. These conditions include health, family, and social adaptability. The most fundamental level of survival is where the importance of family and social belonging are

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[15] Nicole Celestine, "What is Attachment Theory? Bowlby's Stages Explained," *Positive Psychology* (September 26, 2024): https://positivepsychology.com/attachment-theory/.

interwoven with and support Bowlby's summation of the need to meet physical and emotional needs as a young child. Several psychological theories, including Eric Erickson's Stages of development, highlight the importance of early childhood exposure to positive, affirming environments where the most basic needs are met.[16]

Additionally, Attachment Theory was chosen principally because it draws a correlation between the need to have a primary foundational relationship with God, which provides the anchor relationship, and the ability of an individual to thrive regardless of upbringing. The relationship with the Holy Spirit provides the safety and security needed to survive and navigate a fallen world. Psalm 27:10 states, "When my father and my mother forsake me, then the Lord will take me up" (KJV). The Amplified Bible gives a more compelling translation, "Although my father and my mother have abandoned me, Yet, the Lord will take me up and (adopt) me as his child." From a Christian biblical perspective, sourcing a relationship with the Holy Spirit provides the necessary strategy to navigate neglect, abuse, social ostracization, and general hardships experienced during childhood, which then develops a maladaptive attachment style. It is through this radical relationship with The Most High God, who is not immediately tangible to the natural five senses but rather from within, that the fruition of Jeremiah 29:11 can be made manifest in the life of an individual despite the spiritual warfare from the inception of birth to delay the fullness of Christ made manifest. In this way, Attachment Theory is relatable both on a spiritual and psychological level. This theory interacts with the project by bringing awareness to behavioral health leadership and the ability of clinically trained chaplains to understand and utilize the psychological tools

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[16] Seligman et al., *HBR's 10 Must Reads on Mental Toughness*, 151.

available to them within the context of chaplaincy while remaining in their professional lane.

Clinically trained chaplains also have the skillset needed to draw the story out of a patient. Human beings are spiritual and communal. Stories are an integral part of the human experience displayed in movies, songs, folklore, recipes, and more. Stories provide the nexus of who people are and where they came from. Stories are key to anthropology, and chaplaincy provides the conduit to gain insight and clarity on the source of spiritual pain. Johnston-Taylor expounds on the importance of story in her book, referencing how to speak with patients about spirituality. She calls story listening a macro-skill and asserts that storytelling promotes spiritual healing.[17] Storytelling gives the teller permission to share pieces of their lived experience; it allows them to express themselves in ways they might otherwise not be able to. It also helps them to remain connected to the past and build a connection with the listener.

Additionally, stories allow the chaplain to gauge information such as values, beliefs, influences, themes, and unresolved conflicts.[18] These morsels of information allow the clinical chaplain to perform a spiritual assessment and better understand underlying issues, sometimes through things that are not said. These stories sometimes give clues about the style of attachment the patient has and can be discussed confidentially with the behavioral health team to formulate plans of care. Jesus observed the spiritual barometer of the disciples and his other audiences through parable storytelling. He also addressed the spiritual pain of those he physically healed,

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[17] Elizabeth Johnston-Taylor, *What Do I Say?: Talking with Patients about Spirituality* (West Conshohocken, PA: Templeton Foundation Press, 2009), 57-59.

[18] Johnston-Taylor, *What Do I Say?*, 139-142.

reinforcing the need to comprehend the origin story of an individual. The man at the well of Bethesda dealt with his infirmity for thirty-eight years prior to encountering Jesus. John 5:6 explains that when Jesus saw him, he knew that he had been there a long time, meaning he suffered in his infirmity spiritually, emotionally, and physically. Jesus saw his backstory and healed him. However, in the company of the disciples, Jesus interpreted the parable of the sower for them, knowing they were spiritually prepared to receive the meaning of the Word of God. This revelation is an example of what a relationship with the Holy Spirit can bring to those in need of spiritual or emotional care, who then become empowered with an understanding of the Word and the hope and security it can bring. Through his attentiveness to the disciples, a healthy adult attachment was formed, leaving a footprint for them to follow after the death and resurrection of Jesus.

Attachment theory supplies a foundational theory that can be applied to all relationships. Attachment styles are most evident in interpersonal and romantic relationships. The four traits, secure, anxious, dismissive-avoidant, and fearful-avoidant, all engender specific characteristics that directly apply to problem-solving skills within the relationship.[19] Often, in a mental health crisis, specifically suicide ideation, relationship problems form the main axis of hopelessness. It is assumed that some of the problems associated with dismissive avoidant and fearful avoidant attachment styles can be traced back to how secure the individuals felt as children within the family dynamic. The fearful-avoidant attachment style is characterized by the fear of rejection, mistrust, and low self-esteem.[20] Generally, as observed by the practitioner as a chaplain, these

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[19] McGarvie, "Attachment Theory, Bowlby's Stages and Attachment Styles," 86.

[20] McGarvie, "Attachment Theory, Bowlby's Stages and Attachment Styles," 87-90.

individuals experience an element of co-dependency. Attachment theory has been helpful in understanding foundational issues faced by patients in crisis, and it has opened innovative doors to ministry through which spiritual pain can be addressed. The three maladaptive attachment traits are interchangeable. All three possess qualities that can damage successful, healthy relationships. The ability to address the fear of abandonment, co-dependency, unhealthy boundaries, distrust, and a host of dysfunctional personal characteristics is rooted in the ability to acknowledge them and use a combination of biblical wisdom and secular psychology. A second model of integrative chaplaincy has been developed as an additional means of understanding and addressing the mental health/spiritual dynamic through the creation of an Anthropology of Chaplaincy.

The exploration of attachment theory will help to complete the project based on the mandate of the Joint Commission on Accreditation of Healthcare to provide spiritual support for those receiving psych-social services from the facility. Hospitals are evaluated annually for compliance in diverse areas of healthcare, and religion and spirituality are included. Patients who receive psycho-social services for substance abuse and end-of-life care are included in the Joint Commission manual with specific recommended questions that address religion and spirituality. Because of this requirement, leaders are more likely to embrace the pastoral care component of the health care team so as to successfully pass inspection. Some of the recommended questions for spiritual care include the following:

Table 3. Joint Commission Spiritual Beliefs and Practices Questionnaire[21]

Who or what provides the patient with strength or hope?	What are the patient's spiritual goals?
Does the patient use prayer in their life?	Is there a role of church/synagogue in the patient's life?
How does the patient express their spirituality?	What does suffering mean to the patient?
How would the patient describe their philosophy in life?	What does dying mean to the patient?
What type of spiritual/religious support does the patient desire?	How does faith help the patient cope with illness?
What is the name of the patient's clergy, ministers, chaplains, pastor, rabbi?	How does the patient keep going day after day?
What does suffering mean to the patient?	What helps the patient get through this healthcare experience?
How has illness affected the patient and his/her family?	

The spirituality questions from the Joint Commission are illustrative and help provide a baseline for completing spiritual assessments. Including spiritual care in the inspection and compliance process validates the need for clinical, spiritual care within the hospital facility to organizational leaders. Whereas in the past, religion was attributed to psychological imbalance and irrationalism. The inclusion of any psychological theory, not just Attachment Theory, solidifies the causal relationship between mental health (mental stress, anxiety, depression, bipolar, schizophrenia, etc.) and spirituality.

The Veteran's Administration has set guiding principles for an Integrative Chaplaincy model wherein VA and military chaplains have the opportunity to complete a

[21] The Joint Commission and the National Association for Health Care Quality, https://www.jointcommission.org/standards/standard-faqs/home-care/provision-of-care-treatment-and-services-pc/000001669.

Doctor of Ministry in Integrative Chaplaincy (MHICS) at the Vanderbilt School of Divinity. The goal is to strengthen collaboration and interdisciplinary partnerships by incorporating three scientifically evidence-based psychotherapy techniques: Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), and problem-solving training (PST). Some of these techniques utilize the principles offered by the Harvard Business Review on Mental Toughness. The beauty of the MHICHS program is that it sets a precedent for the inclusion of clinically trained chaplains in the medical institution environment. If leaders of civilian medical organizations were able to recognize and integrate the MHICS model into the pastoral care practice, collaboration would be enhanced, and hopefully, a more impactful pastoral care/behavioral health relationship would be created for both teams.

The discipline of Attachment Theory will add to the understanding of the community of psychological theory, which has looked for ways to embrace the spiritual component of mental health. The difficulty with the project will be the reception of leadership to understand that humans are spiritual beings and that healing takes place on a physical and metaphysical level in the spirit. Attachment Theory aligns with an Anthropology of Chaplaincy in the way it observes culture, patterns, community, belonging, meaning, purpose, and spirituality. The results of observing the aforementioned categories contribute to how societies operate and how culture develops and evolves over time, with spirituality as a fundamental basis for decision-making.

Attachment theory is relatable to the Historical Foundations, as the subject of the chapter, Zora Neal Hurston, did not have strong attachments in childhood. Her mother died when she was a young adult, and she struggled with her father in family

relationships. Her stepmother was not fond of her, and due to financial limitations, Hurston's father could only send her to finish secondary school (high school).[22] Upon examining the life of Zora Neal Hurston, the writer is faced with the realization that her sheer grit and tenacity were the majority building blocks of her success. Hurston did not have many strong personal relationship attachments and died in poverty, but she did have the ability to garner patrons and make acquaintances. Although Hurston came from a Christian home, she evolved away from certain Christian beliefs and questioned fundamental sacraments, rites, and rituals of the Christian establishment, including those of Catholics.[23]

Hurston's evolution and questioning of her religious experience and education through the study of anthropology demonstrates the importance of attachment and steadfastness in spirituality and religion. This quality preserves an individual's authentic relationship with the Divine (The True and Living God).

Finally, a reimagined biopsychosocial model originally introduced by George Engel, a prominent scholar of the psychosomatic movement, was introduced, which posited that involuntary movements were rooted in psychological disorders. Engle advocated for caregivers to include the biological, psychological, and social components within patient care.[24] These practitioners were already embedded in the ethnography and, therefore, familiar with the existing framework of community of care. Care givers seen as outsiders or unfamiliar with the cultural context or any section of the model would

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[22] Hemenway, *Zora Neal Hurston,"* 182-183.

[23] Carla Kaplan, *Zora Neale Hurston, A Life in Letters* (New York, NY: Anchor Books, 2003), 37.

[24] Fearon and Roisman, "*Attachment Theory*," 131-136.

benefit from an analysis of the anthropology of the chaplaincy pastoral care model.[25] Writing the current medical model, this is a lofty goal. Due to the volume of patients seen within the current healthcare system, HMOs and insurance companies have removed elements of patient care reminiscent of the village physician, akin to Dr. Hiram Baker from Little House on the Prairie. Village doctors had intimate knowledge of family, family history, finances, education, and many more personal details, which assisted them in reassuring, actively listening, and providing intimate, meaningful medical care.

The essayist offers a diagram of the Biopsychosocial Model Re-interpreted Through a Clinical Anthropology of Chaplaincy. Five additional areas are added to provide a well-rounded, holistic model of spiritual care, which incorporates a spiritual-cognitive-communal basis through which to analyze, evaluate, and offer spiritual care. The utility of this model will be based on the degree to which both the chaplain and mental health practitioner are receptive to the additional categories.

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[25] Marcelo Saad, Roberta De Medeiros, and Amanda Mosini, "Are We Ready for a True Biopsychosocial- Spiritual Model? The Many Meanings of "Spiritual," *Medicines*, 4, no. 4 (2017): 79.

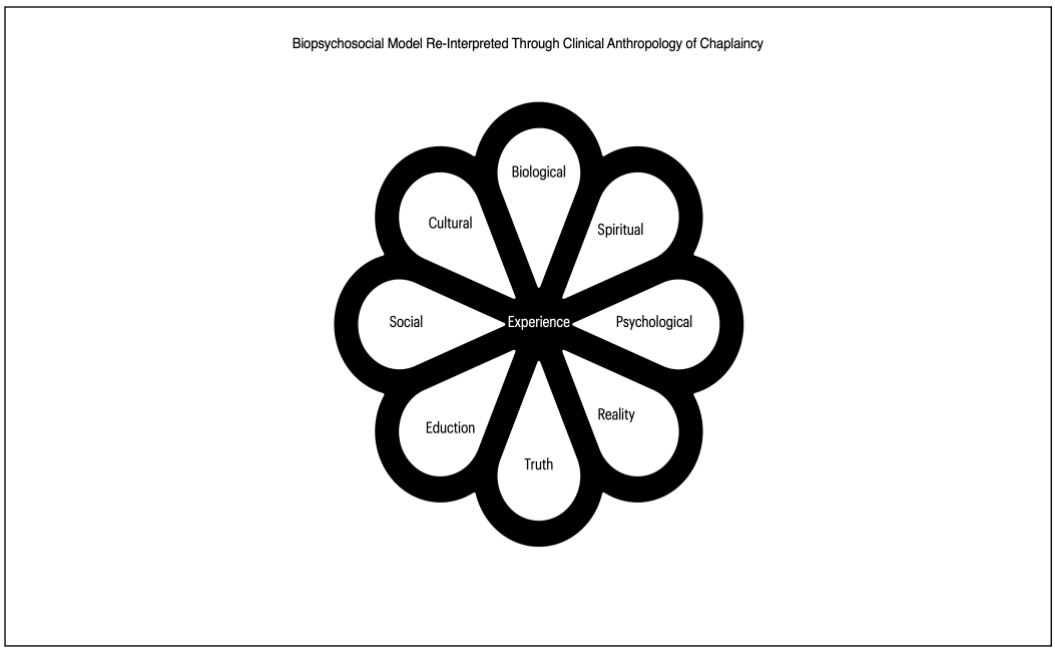

Figure 2. Biopsychosocial Model Re-interpreted Through a Clinical Anthropology of Chaplaincy

The clinical training chaplains receive to achieve board certification includes secular and psychological training that is often overlooked by medical professionals. Two key areas serve as the fundamental basis through which clinical pastoral care is rendered. Board-certified chaplains train in behavioral sciences and are expected to pragmatically utilize that knowledge as fundamental groundwork to inform their pastoral care ministry as a practitioner, which in turn informs their ministry as extended to patients, families, and staff.

With respect to intersectionality previously discussed in former chapters, Clinical Pastoral Education includes a Justice-Seeking Awareness of Bias component. This portion of training seeks to bring awareness to intercultural bias, implicit and explicit. The Association of Clinical Pastoral Education seamlessly integrates anthropological concepts of understanding how cultures, relationships, beliefs, values, and experiences

help to shape the lens through which standardized pastoral care is delivered.[26] This inclusion transforms intersectionality from a banal concept experienced only by the marginalized into visible cognizance, eroding cognitive dissonance within the minds of key leaders who hold decision-making power within the organization to take a more deliberate approach toward the integration and utility of chaplains within the behavioral health teams.

Finally, clinical chaplaincy training encompasses a learned skill set that directly relates to mental health emergencies and the possible impact clinical chaplains may have as part of interdisciplinary behavioral health teams. The first is the ability to demonstrate an amenable communication style, which incorporates a trauma-informed approach to spiritual care. The second is the ability to utilize those communication techniques across cultural, socio-economic, religious, and demographics. This informed approach to mental health from a spiritual, secular perspective (based on behavioral science) forms one of the pillars of an Anthropology of Chaplaincy. The necessary expertise and competencies are extracted from anthropology. This information, coupled with Attachment Theory, constructs a rudimentary cornerstone for the creation of an Anthropology of Chaplaincy.

While medical professionals are trained to verbalize the physical components of illness from an intellectual perspective, clinical chaplains witness the spiritual and emotional pain accompanying the physical reality. In doing so, they bring into service the training and skill set that comprehends all or most of the psychological and spiritual elements related to the particular patient. In general, doctors and most medical professionals have little time to meaningfully address patients' spiritual or emotional

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[26] ACPE Outcomes and Indicators - ACPE Manuals – 2020, 3.

needs unless they have a spiritual basis from which to give. The inclusion of chaplains within the mental health setting creates a space for the acceptance of a broader perspective of religion and spirituality as they relate to healing. The boundaries produced between Western medicine and religion/spirituality have created a greater separation of the self from the individual with the infirmity. Where the spiritual or emotional aspect of the illness may have been considered, pharmaceuticals are more likely to be used in treatment as a first-line remedy, removing the patient further away from solving the spiritual or emotional source of pain. Ministers were included in hospital establishments as regular staff for centuries until medical care became a standard secular practice.

Psychological Anthropology focuses on how cognition, emotion, and motivation are influenced by sociocultural settings, as well as the psychological factors that play a role in culture, learning, and expression.[27] This cultural learning relates to attachment styles, which closely connect to emotional stability, mental health, and the ability to be in harmony with self and others, and handle stress with effective coping skills. From this perspective, An Anthropology of Chaplaincy can begin to explore how the Gospel can transform trauma meaningfully through integrated, biblically based, clinical pastoral care. The psycho-spiritual dynamic incorporated into chaplaincy validates the need for well-rounded, inclusive spiritual care.

Harold Koenig precisely summarizes the need to integrate chaplaincy and behavioral health teams. In his article "Research, Religion, Spirituality, and Mental Health," Koenig asserts the following:

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[27] Preban Bertelesen, *Free Will, Consciousness and Self: Anthropological Perspectives on Psychology* (New York, NY: Berghahn Books, 2005), 312.

> Religious involvement is related to better coping with stress and less depression, suicide, anxiety, and substance abuse. While religious delusions may be common among people with psychotic disorders, healthy normative religious beliefs, and practices appear to be stabilizing and may reduce the tremendous isolation, fear, and loss of control that those with psychosis experience. Clinicians would benefit from the awareness of the religious and spiritual activities of their patients and appreciate their value as a resource for healthy, mental, and social functioning.[28]

The most powerful aspect of Attachment Theory from a biblical perspective is the ability of an individual to find hope and solace in the Lord as their unwavering attachment figure. The most security comes from understanding what some call source and the connection to the Holy Spirit. While the psychology of religion is not always pre-eminent in the minds of healthcare practitioners, emerging evidence substantiates the initiative to utilize clinical chaplains in the hospital environment while simultaneously engaging with interdisciplinary teams.

Models Explained
An Anthropology of Chaplaincy

The model comprises ten categories centered on the biblical passage Jer 29:11. It progresses in a clockwise, cyclical manner, beginning with mental health. Each category is connected to the previous category. It is posited that to the degree that an individual can experience those categories in a meaningful and or healthy way, is the degree to which the individual will experience balanced mental health. However, given human nature and a pragmatic spirit, it is assumed that most individuals will experience brokenness in at least one of the ten categories. It is by working through the specific

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[28] Harold G. Koenig, "Research on Religion, Spirituality, and Mental Health: A Review," *The Canadian Journal of Psychiatry*, 54, no. 5 (2009): 283–291.

components of the model's categories that spiritual, emotional, and mental restoration can occur.

Those who have experienced trauma, causing unhealthy attachments, therefore causing a chain reaction in relation to healthy development in either of the categories, have a model that can be used to examine and rebuild what was broken. Jer 29:11 operates as the basis for the model. The premise relies on the notion that God has a specific plan of redemption for the individual, despite circumstance. Pastoral Care practitioners can use the model to examine the specific categories relevant to each individual, helping them to make sense of life experiences, growth, relationships, and the role of the Gospel in healing and transforming trauma.

Model Categories

Category 1: Mental Health
Involves examination of current state of mind including formal DSM diagnosis

Category 2: Generational Curses/Epigenetics
Involves examination of family patterns, historical memory and experience

Takes into account the impact of family history and how it affects current mental health, inherited beliefs, actions, and thought processing

Category 3: Maslow's Hierarchy of Needs
Involves the examination of how the individual was cared for, whether or not needs were met and how the world view of the individual was shaped independent of spirituality

Category 4: Trauma
Involves the examination of events which cause brokenness, soul wounds, or dysfunctional patters (i.e. addiction)
Minjung Theology is applied here

Category 5: Quality Relationships
Involves the examination of relationships of the individual and the degree to which they are healthy, unhealthy or destructive to the growth and preservation of mental health

Category 6: Emotional Intelligence

Involves the examination of the ability to process feeling, emotions with logic or spiritual maturity

Looks for way in which emotions have been stunted, repressed or numbed due to traumatic experiences or arrested development

Examines how much of the brain has been re-wired through trauma

Category 7: The Gospel Transforming Trauma

Involves examination and application (if possible) of the Jer 29:11 supposition. Explores the possibility establishment of relationship and reliance on God in dubious situations where other relationships have failed to meet the individual need or have caused remarkable damage to the mind, body and soul

Category 8: Relationship to Others

Category 9: Relationship to Self

Involves examination of the Johari window; what the individual knows about themselves to be true, what is seen by others, what is hidden from themselves and what is hidden from the public involves self-esteem the setting of healthy boundaries,

Category 10: Attachment Theory

Involves the examination of caregiving from the inception of birth and how well the individual felt cared for, safe, validated, seen and protected by the primary caregiver

CHAPTER SIX

PROJECT ANALYSIS

The final project converges to prove aspects that are personal, meaningful, and important to the building of Kingdom through the healing of those experiencing spiritual, physical, and emotional pain. Bringing together these meaningful aspects provided the passion behind the project to build and offer a solution that can be used academically to educate pastoral care students as well as those pursuing board certification through Clinical Pastoral Education. However primarily the project was constructed to help others better understand the value of interdisciplinary team participation between pastoral care and behavioral health.

From a spiritual perspective, the single woven thread between the work of the first four semesters is oriented to Strong's Concordance 707, to weave, which depicts the Lord as the master weaver, whose perspective is far ahead of the observer. This grammatical construct places emphasis on the foundational verse on which An Anthropology of Chaplaincy is based. (Jer. 29:11). This interlacing perspective entwines history, theology, behavioral theory (interdisciplinary), and personal experience to form the basis of hope and healing in mind, body, soul, and spirit.

The final project is the culmination of a concerted effort to find a meaningful way to address the spiritual pain of patients, specifically mental health patients through the implementation of, and subtle integration of spiritual dynamics into the creation of a

spiritual care model, An Anthropology of Chaplaincy. The success of the model depends on the willingness and collaboration of interdisciplinary teams from mental health and pastoral care. The model's creation is built based on personal, professional, secular, spiritual, and military experience.

The project is fundamentally anchored in the common space of Eileen's Health foods and Vitamins, the atmosphere in which I was initially but unknowingly exposed to subtleties of spirituality, religiosity, superstition, mental health, and the lack of available resources in marginalized communities. Having observed this dynamic from childhood through to teenage years and later as the proprietor upon the passing of my mother, the understanding gained from this experience morphed from personal to professional, eventually evolving into clinical chaplaincy in the organizational setting.

Within this forum, it is widely recognized that the spiritual needs of patients suffering from mental health issues were not identified or addressed in the clinical environment of hospitals. The work also came about as a result of an observed vacuum between patients experiencing mental health challenges and the addressing of the associated spiritual dynamics, irrespective of whether recognized or unrecognized by the medical care team, behavioral health team, or the patient.

An attempt was made to seamlessly integrate the foundation papers into the project execution in a meaningful way so that participants would be informed, impacted, and prompted to at a minimum contemplate the information presented to view collaboration of interdisciplinary teams for the good of the patient. A meticulous effort was invested in finding research topics that correlate to the building of an anthropology of chaplaincy model. The goal was to meaningfully integrate foundational, historical,

theological, and interdisciplinary concepts that were not only relevant but interesting and impactful.

By remaining relevant, authentic, and innovative, there is a greater chance for the research to be customized and implemented in the field of Clinical Pastoral Education, possibly at the national level. Additionally, the foundation papers also provide for the integration of the model into the curriculum of churches who have the desire to implement a pastoral care and counseling program for congregants. The diversity of information based on spiritual, biological, psychological, psychosocial, and biblical precepts, provide for a strong foundational pastoral care model.

An attempt was also made to include elements of diversity to reach the population of clinical pastoral educators and students less familiar with intercultural dynamics associated with pastoral care. For this reason, Zora Neal Hurston was used as the benchmark for the anthropology portion of the body of work. Her data collection methods were deemed unconventional. She personally embedded into the community in which she studied, thereby creating the ability to draw insight on a deeper, more transparent level. As a clinical chaplain, this technique can be utilized to a greater degree in the hospital setting with respect to patient and professional organizational boundaries.

Interdisciplinary team collaboration principles were undergirded by Attachment Theory, which has become widely recognized as one of the foundational basis for understanding and working through relationships to self and others, which contribute to mental health. In the Plenary sessions of the Spring Session 2025, guest speaker Terry Wardle spoke at length regarding the subject of Attachment Theory and spiritually confirmed the direction of the research taken for this project.

The Biblical foundation paper focuses on Jeremiah 29:11, from the perspective of the Anthropology of Chaplaincy model, aligns seamlessly with Attachment Theory. The basis of the model makes a case for the following statement. In lieu of having inadequate attachment to a primary caregiver at the critical junction of development, those who were unable to do so can have hope in the promise of Jeremiah 29:11. While this is a Christian specific mindset, there is a hope that non-Christian individuals would find comfort in this statement. The hope for acceptance of this passage of scripture is supported by the ability of individuals to ruminate on and derive comfort from other universal esoteric and sacred writings. There is a general acceptance of Wisdom Literature from the Quran, Mahabharata, Tao Te Ching, and others. The same can be true for Biblical scriptures, especially those that provide comfort during crisis.

Ironically, this research has proven that both in the mental health arena and the hospital settings, the clients and patients were seeking physical healing and inadvertently received healing in or awareness of spiritual dynamics that affected the physical body. As previously mentioned, allopathic medicine and sometimes in holistic medicine, spiritual ailments are not addressed, nor are they aligned with physical symptoms in the same way Traditional Chinese Medicine (TCM) tends to focus on to achieve true holistic healing.

Methodology

The context of the study took place in the geographical area of South Texas. A large portion of the population heavily identify with the Christian religious narrative. Catholicism remains the prominent denomination, with a collective of Protestant religious affiliations following close behind (Baptist, Lutheran etc.). There is a small

minority with no religious affiliation but were not opposed to the idea of a higher spiritual dynamic that could influence individuals and humanity as a whole.

A culmination of combined qualitative data research techniques were implemented with the focus of An Anthropology of Chaplaincy, in an attempt to analyze and possibly create a new model of pastoral care, incorporating clinical chaplains into the interdisciplinary teams, specifically the Behavioral Health Teams. The ministry of focus is rooted in mental health and clinical chaplaincy within the health care system. The methodologies were chosen on account of the potential strength of usable data to be used for collection and analysis. The chosen methods are also direct and non-cumbersome to implement.

Focus groups, seminars, surveys, questionnaires, one -to -one interviews synthesized within various levels of organizational participants to included Behavioral Health Leaders, Clinical Pastoral Care (CPE) students, CPE Instructors, Chaplains, Church Congregations, Behavioral Health Military Officers, and lay persons. The goal of the project implementation is to shed light on the intricacies of mental health and spirituality, exploring the causal relationship between the two, and to find ways through collaboration of multidisciplinary teams of Behavioral Health and Pastoral Care. It is posited that the gap between the two can be bridged to provide holistic, well-rounded care.

Another goal of the project is to seek ways in which the acquired knowledge will build relationships linking the interdisciplinary teams. Once Behavioral Health teams fully comprehend the utility of Pastoral Care services within the mental health treatment arena, the formation of an integrated, comprehensive team will be established to meet the

intricate, often lesser met spiritual needs of patients. It is hoped that the outcome of the project will allow for a broader understanding among the interdisciplinary teams and the willingness to co-labor on behalf of the patient. It is also intended to remove barriers through the development of understanding, facilitating the full integration of educated, clinically trained, and qualified chaplains into the Behavioral Health arena.

At a minimum, the intention of the project is to make sure participants are familiar with and understand the broader role that chaplains portray with in the clinical environment outside of prayer. It is hoped that participants will be further illuminated with regard to the advanced educational requirements, clinical pastoral training, mandated clinical hours, and board certification. These requirements open the door to clinical chaplains to co-labor with interdisciplinary teams in more meaningful ways, specifically for behavioral health issues where patients are concerned.

A secondary purpose of the study is to aid in conceptualizing the specific factors that compromise the environment of clinical chaplaincy through dysfunction, spiritual pain, and the faith journey. The specific problems, crises, circumstances, and dilemmas all converge to form the basis and revelation of the need for the integration of spirituality into the larger organizations, specifically hospital chaplaincy.

Project Implementation

Preliminary meetings were held with members of the Behavioral Health Team, Behavioral Health Interns, Clinical Pastoral Education Students, Case Management, Recreational Therapy, and Certified Nursing Assistants. These short meetings helped to lay the foundation for the project, explain the context, and clarify questions. Key leaders

provide pivotal in creating policies relative to the inclusion and alignment of pastoral care with behavioral health, and their feedback was anticipated to assist in the formal collaboration, and creation of policy to support the integration. Clinical Pastoral Education (CPE) classes were incorporated into the project through lecture/focus groups. There were two types of CPE classes available for project participation. The first class included the CPE Internship Class. This class is unique for participation because this is for most intern students, their first exposure to CPE, and so they are in a position to offer a unique perspective because they have very little clinical hospital chaplaincy experience.

The second group consisted of CPE Residents who have at least one year of CPE clinical and classroom experience. This group has a great deal of knowledge after having participated in clinical hospital chaplaincy and may have witnessed mental health emergencies, and other situations reflecting a behavioral health crisis. These two groups were important to the research regarding their feedback and receptivity because they provide the data with respect to the willingness of chaplains to integrate deeper into the interdisciplinary teams. Behavioral Assessment Team Directors were interviewed separately from the Inpatient Mental Health Directors.

Collaboration between the Clinical Pastoral Education office and myself served as an integral component of chaplain student participation. The students served as a potential rich source of data since the work of this project focuses in part on the training needed to facilitate implementation of collaboration between interdisciplinary teams. Participants were volunteers and were excited to participate and explore the feasibility of the integration of spirituality and mental health within the organization. Exposing students to the feasibility of the project ideas laid the foundation to share the required

actions necessary to pursue additional continuing educational training and certifications to operate specifically as a Mental Health chaplain. The total process of MH certification would take approximately three years. A strong level of dedication to the profession of clinical chaplaincy, and the willingness to persevere through additional continuing education requirements motivated some participants.

The Veteran's Administration seamlessly integrates chaplains into Veteran services as a carryover from Active Duty and Reserve organizational constructs. Veterans are routinely able to meet with chaplains to work through both spiritual and emotional challenges. The Interdisciplinary portion of the body of work highlights this paradigm which would fit perfectly into the civilian sector of clinical chaplaincy within the context for which this body of work focuses. However, as of this writing, there have been two recent successful suicides which have taken place in the parking lot of the hospital of the Veteran's Administration in December of 2026. It is unclear whether or not the clinical chaplains have been participants in the treatment of the Veterans. These tragic events serve as a jolting reminder of the need to explore how to align the emotional, spiritual, mental, and physical well-being of patients who suffer in anguish and eventually fall victim to the brokenness of the systems on which they rely for care.

The project was implemented in several stages that included interviews, focus groups, information sessions, and surveys. For the interview stage, key decision leaders in the Behavioral Health Assessment Team and the Behavioral Health Inpatient unit were surveyed. Focus groups and information sessions were used and served in two different capacities. Information sessions provided the avenue to share information about the

research project, and the focus groups provided data in a more intimate setting, allowing the participants to share more personal experiences.

The majority of the information sessions, focus groups, and interviews were conducted in person. Special accommodation was made to work with both the Clinical Pastoral Education Students and Interns during their scheduled class time. The context associate assisted in the formulation and overall refining of the questionnaire and possible feedback from students based on the questions, chaplaincy, and hospital experience. Journals and one-to-one interviews were also used as data collection methods. Professional associates participated academically through the refining of the teaching materials and how to best utilize sources of information for research.

Sessions were conducted at the Clinical Pastoral Education classroom and at the Oblate Seminary for the civilian clergy portion of the project. All sessions included the availability of a mental health professional or chaplain to assist with those who became overwhelmed by subject material.

Session One

Session One, August 4, 2025, focused on the introduction to the project and the passion behind it. The importance of Mental Health was discussed as well as Spirituality, and how they are interwoven into the interpersonal dynamic of healing. The shared information offered the possibility of an integrated, holistic model that addresses the spiritual pain of patients. The introduction of the Biblical Foundation paper and the explanation of the prophetic wisdom of Jeremiah 29:11, and why it is the foundational text for those experiencing crisis. The difference between Chaplains and Pastors was

discussed, which is typically confused, especially in the clinical hospital environment. The history of Pastoral Care with respect to Anton Boysen, the founder of Pastoral Care and the concept of The Living Human Document will be highlighted as Anton Boysen experienced a personal mental health crisis that served as the catalyst for the creation of Pastoral Care.

Session Two

Session Two, August 11, 2025, focused on the rise of mental health emergencies within the context of the project. A review of the current religious paradigm and ways in which religion/spirituality have received attention from both the medical and psychological profession as a means for individuals to cope with existential crisis. The availability or lack of mental health services within the geographical area of the context were discussed, and the possible role that clinical chaplains play in helping to fill that void. Additionally, ways in which to mitigate mental health crises through both individual awareness and spiritual awareness were examined.

A deeper dive into Historical Foundations examined the structure contributing to the basis of An Anthropology of Chaplaincy. Principles of ethnography and anthropology were shared and discussed with special attention focusing on how those techniques parallel the techniques used to perform spiritual assessments that allow chaplains to provide ministry of presence and journey with patients through spiritual pain.

Session Three

Session Three, August 18, 2025, focused on the benefits of integrating chaplaincy within the behavioral health interdisciplinary teams. The connectedness of spiritual and mental health were introduced from the perspective of an Anthropology of Chaplaincy. Barriers and benefits were presented as a comparison. This was presented to explore the symbiotic relationship between Christian spiritual pastoral care and mental health. Introduction to Minjung Theology, specifically focused on Han, (theology of the wounded), to provide the foundation for understanding the woundedness that accompanies mental health critical incidents. Components of intersectionality were also included within both the treatment of the patient and that of the practitioner when attempting to implement realistic components that blend the two disciplines.

Session Four

Session Four, August 25, 2025, focused on the organizational culture of hospital chaplaincy along with pathways to re-frame chaplaincy from a religious-based, superficial means of patient visitation to a meaningful patient interaction that addresses both spiritual pain and or existential crisis from a spiritual perspective relative to the belief system of the patient. The Veteran Administration's successful model of IDT integration and the impact on Veteran was examined. VA programs of discussion included Moral Injury, Combat Re-boot and Recovery, STAR program, and finally an explanation of how regular integration of chaplains participate with the Mental Health team to perform patient record review to determine the removal of high risk record flags in the categories of suicidal ideation. Finally, Attachment Theory and the spiritual

implications of maladaptive foundations were shared. The model of Anthropology of Chaplaincy was again presented in light of reinforcing the need for establishing a connection or relationship to the divine, specifically from a Christian perspective

Session Five

Session Five, September 1, 2025, focused on possible barriers to chaplaincy and pastoral care from a person or professional perspective. Separation of church and state briefly touched on the position of chaplains within a secular organization. Ways to provide spiritual care to patients without violating personal beliefs (techniques taught in CPE), briefly discussed. Additionally, sensitivity to low density faith groups existing within the context. (Islam, Wiccan, Eckancar, etc.) were shared regarding how to share the Jeremiah passage without offense. A deeper dive into the Interdisciplinary foundational theory of Attachment provided the foundation for ways by which chaplains can obtain behavioral health theory knowledge, and both apply and demonstrate those principles through the use of the created model of Anthropology of Chaplaincy.

Session Six

Session Six, September 8, 2025, focused on the summary, conclusions, and the project wrap-up. Food for thought with regard to Chaplains as force multipliers, sharing the Army model of Chaplaincy, and the drawing of parallels to clinical chaplaincy from the military model. Participants were invited to share personal stories of either themselves or someone they knew who experienced mental health crisis.
Group discussion questions were posed to participants after groups as follows:

1. What are some things you may not have known about hospital chaplains prior to this session?
2. Share your thoughts and perception about chaplains in your community or in movies you may have seen.
3. What are your feelings regarding clinically trained chaplains working with mental health patients in crisis or otherwise?
4. What are your thoughts regarding the evolution of religion in the workplace and in general?
5. Under what circumstances would you be more inclined to request or recommend a chaplain for yourself, friends or family during a hospital stay or mental health crisis?

Journaling topics were also presented at the end of both focus groups and workshops. Some of the material overlapped but this was deliberately done in order to present the information in a different question form.

1. How has today's session impacted your conception of the relationship between spirituality and mental health?
2. What benefits would you say can be achieved through the integration of mental health and pastoral care interdisciplinary team collaboration after today's session?
3. Share any insights how you can better support team partnership after what you have learned today.

Survey questionnaires served as the initial method of data collection for the project. An attempt was made to use an electronic survey, however the lack of response

and participation necessitated the use of written questionnaires. The questionnaires assisted in laying the foundation for ascertaining the participants' thoughts relating to chaplains, pastors, and team collaboration, which focused on unity in a general sense. Participants were from among the context and thus were familiar with some aspects of the role of the clinical chaplain within the hospital environment.

The survey questions were intentionally directed toward the thoughts of the participants with respect to unity, collaboration, teamwork, and the distinction between the roles of pastoral care and behavioral health teams. The questions were also designed to probe participants for knowledge concerning biblical concepts of amalgamation and how to create and maintain teams with overlapping functions while remaining in support of one another. Participants received pre and post-tests to gauge the basic knowledge regarding the subject matter in order to analyze and rate the efficacy of the information and the utility of information sharing.

Collection of survey material was done anonymously and in person. Participants were asked to complete the forms and leave them at a table set aside for collection of materials which also included consent forms. Participants were asked to refrain from using any personal identifiers, including name, age, department, etc. Participants were also invited to skip over questions that they felt were intrusive or if answered, would stir up uncomfortable feelings or emotions. Survey monkey was utilized to collect data electronically, however due to both financial constraints in construction the electronic survey, and lack of participation in the basic electronic from participants, paper surveys were used instead.

Demographics were not collected on participants with respect to length of time in profession, education, experience, race, gender, religion, orientation, or any other demographic data that could identify or dissuade participants from contributing.

Project Survey: An Anthropology of Chaplaincy

Thank you for participating in this survey. Your responses will be used to help further the ongoing study of An Anthropology of Chaplaincy, a Dissertation project that will examine the efficacy of multidisciplinary team collaboration between the Pastoral Care and Behavioral Health Departments. Please refrain from including any personal information, as your responses will be discussed to form a comprehensive school of thought, which will set a premium foundation for the ongoing purpose of formulating an organizational benchmark of partnership between interdisciplinary teams.

1. How do you define unity?
2. What are the benefits, positives, and or strengths of teams in operating in unity?
3. What are the drawbacks and or weaknesses of teams not operating in unity?
4. If you are a Behavioral Health team member, how do you understand the roles and duties that the Pastoral Care play, and perform?
5. What does the Bible say about unity among the different members of the body of Christ or teams?
6. How does the Bible suggest that members of the body of Christ or teams create and maintain unity?

7. How can the Behavioral Health and Pastoral Care teams create practices and opportunities to create unity amongst each other and offer their patients the best care possible?

Personal interview questions were specifically formulated to query administrative staff, key leaders, and those who regularly encounter those experiencing an emotional or mental health crisis. Informal interviews were conducted with additional persons in the medical field who have a general or broad understanding of the role of chaplains. Prior military mental health professionals and former military chaplains were surveyed. Pastors from the community were also included due to the overlap in awareness of the difference between clinical hospital chaplains and community clergy.

1. Have you ever interacted with a chaplain or know of someone who has during a time of crisis, and was it helpful to the individual?
2. If so, how did the interaction impact you on a personal, professional, spiritual or emotional level?
3. Share how any chaplain interactions have helped or hurt your spiritual/emotional countenance during a troubling time.
4. Share your familiarity with chaplain education requirements vs. the educational requirements for church pastors.
5. What role do religion and spirituality play in your life during times of crisis?

Focus groups consisted of the Pastoral Care Education Residents and Internship Students. Separate sessions were held for each class. As previously stated, CPE residents have more experience within the clinical setting than the Resident Students. Within the focus groups additional group discussion questions were posed. The same questions were

also posed to the audience of the workshop groups upon conclusion as part of the group discussion questions. As previously mentioned, the CPE students provided a rich source of data because of their interest in chaplaincy is active as they are currently training to become clinical chaplains. The familiarity of the group with one another, as well as their anchor in various faith beliefs and practices provided a springboard of information regarding the difference in operation between a pastor and a chaplain.

Focus Group Questions:

1. What are some things you may not have known about hospital chaplains prior to this session?
2. Share you thoughts and perception about chaplains in your community or in movies you may have seen.
3. What are your feelings regarding clinically trained chaplains working with mental health patients in crisis or otherwise working within the confines of your religious beliefs/tenets?
4. What are your thoughts regarding the integration of chaplains into the mental health teams?
5. What are your thoughts regarding the evolution of religion in the workplace and in the U.S. in general?
6. How inclined are you to request or recommend a chaplain for yourself, friends or family during either a hospital stay or, mental health crisis?

Summary of Learning

Organizational chaplaincy is given a baseline standard to follow from the Joint Commission, an independent organization that specializes in certifying medical facilities for compliance and safety. Pastoral Care survey questions from the Joint Commission, provide the organizational spiritual benchmark and provide guidance for clinical hospital chaplains implementing spiritual care. The Joint Commission considers the questions to be within the scope of a Best Practices for pastoral care and are geared toward Pastoral Care Departments nationwide. It is important to note that not all hospitals offer pastoral care services, however those that do strive for Joint Commission compliance within their departments. The questions are all centered around to topic of how chaplains use spirituality and how they assist patients to find meaning and belonging within the context of hospitalization. It is with these questions in mind that the project was conducted because the eventual goal is to incorporate the project design into organizational chaplaincy and eventually into the formation of interdisciplinary behavioral health teams. The pastoral care assessment questions from the Joint Commission form the baseline as they create a common understanding of expectations when conducting spiritual assessments. These questions are used by both Clinical Pastoral Care practitioners and clinical chaplains to formulate and utilize varying spiritual assessment tools to assist patients to find meaning and belonging and to address spiritual pain.

These questions are posed through different methodologies of spiritual assessments used within the pastoral care to the community to assist patients in navigating both spiritual pain and all other components associated with the patient experience. Some of the spiritual assessment tools include Spiritual Aim, FICA (Faith,

Importance, Community, Address), FACT (Faith, Active, Coping, Treatment Plan), and others. Spiritual Assessments used by clinical chaplains are further explained later in the analysis.

This is data that had not been previously considered at the beginning of the research project but later became relevant as the need developed to create a comprehensive model of an anthropology of chaplaincy with tools formulated to address both patient needs and experience as well as the clinical and behavioral health aspects of providing pastoral care in hospital facilities. Another key component not initially considered was two methodologies of spiritual/behavioral health practices taught by the MICHS Mental Health Integration for Chaplain Services. Motivational Interviewing and Acceptance Commitment Therapy. Both share components of spiritual assessment techniques and pastoral care services and include empathetic listening, being a non-judgmental presence, reflective listening, and affirmations.

Spiritual Assessments

The spiritual assessments include the following:

- FICA (Faith, Importance, Address, Connect)
- Self (Social, Emotional, Life Meaning, Faith Needs)
- FACT (Faith; beliefs and spiritual practices, Active: availability, accessibility, applicability, Coping; comfort, conflict, concern, Treatment Plan; the way forward.
- Spiritual AIM (Assessment and Intervention Model (cyclical; meaning and direction, self-worth and belonging, and reconciliation/ to love and be loved).

This model most closely aligns with the Anthropology of Chaplaincy Model because it in a simplistic way through the three anchors of the model encompass Maslow, Attachment Theory, meaning and belonging, mental health, relationship to self and others, and so on. The inception of the Spiritual Aim model began in 2011 and since then has evolved to become widely utilized.

Joint Commission Spiritual Assessment Questions

The Joint Commission Spiritual Assessment questions are as follows, along with possible spiritual intervention tools to use in satisfying both the Joint Commission and the An Anthropology of Chaplaincy possible model for use.

Table 4. Joint Commission Spiritual Assessment Questions

1. Who or what provides the patient with strength or hope?	FICA/FACT/SPIRITUAL AIM Anthropology of Chaplaincy: Jer 29:11
2. Does the patient use prayer in their life?	FICA Anthropology of Chaplaincy: The Gospel Transforming Trauma
3. How does the patient express their spirituality?	FACT Anthropology of Chaplaincy: Relationship to Self
4. How would the patient describe their philosophy in life?	SPIRITUAL AIM Anthropology of Chaplaincy: Attachment
5. What type of spiritual/religious support does the patient desire?	SELF Anthropology of Chaplaincy: All
6. What is the name of the patient's clergy, ministers, chaplains or rabbi?	FICA Anthropology of Chaplaincy: Quality Relationships
7. What does suffering mean to the patient?	FACT

	Anthropology of Chaplaincy: All
8. How has illness affected the patient and his/her family?	FACT Anthropology of Chaplaincy: Relationship to Self/Quality Relationships/Emotional Intelligence
9. What are the patient's spiritual goals?	SELF Anthropology of Chaplaincy: All
10. Is there a role of church/synagogue in the patient's life?	FICA/SELF/SPIRITUAL AIM Anthropology of Chaplaincy: All
11. How does faith help the patient keep going day after day?	SELF /FACT Anthropology of Chaplaincy: Gospel Transforming Trauma, Attachment
12. How does faith help the patient keep going day after day	SELF/FICA/FAITH Anthropology of Chaplaincy: All
13. What helps the patient get through this healthcare experience?	SELF/FACT/FICA Anthropology of Chaplaincy: All

In hindsight, I believe the questions would have been useful to pose to certain administrative leaders. These questions are relevant because some of them include questions that chaplains may ask both directly and indirectly as part of spiritual assessments. I would have also considered both spiritual assessment material and the Joint Commission spiritual assessment recommendations to form the base model for An Anthropology of Chaplaincy and the Bio-Social model. The benefit of not consulting this information prior to the creation of the model for the project is the specific and obvious integration of behavioral theorists (Maslow, Bowlby) and anthropologist Zora Neal Hurston, information not previously considered in the creation of spiritual assessment material for clinical hospital chaplaincy.

An inadvertent outcome of the project arose when the organization created an employee focus group geared toward Employee Violence in the Workplace. Over the summer months, several incidents of workplace violence occurred in which employees were assaulted by patients, many of them were experiencing both medical and psychological obstacles. The focus group was challenged to create ways by which the violence can be mitigated, potentially violent patients can be discreetly identified before receiving patient care, standard documentation embedded within the patient charts, and the creation of innovative ways through which staff can respond.

One of the solutions was to create a quick response team, which included specialized staff of security, patient care team members, behavioral health, and chaplains. This is a win for pastoral care and a move toward the systematic formation of interdisciplinary teams because it created room for the inclusion of chaplains to the behavioral health interdisciplinary team in ways that were never previously considered.

This unexpected collaboration, created out of both desperation and necessity, provided a weighted basis for the creation of interdisciplinary teams involving behavioral health and pastoral care. However, one consideration was not taken into account on both sides, and that is the willingness and professional training needed by the chaplain in order to meaningfully engage with those experiencing a mental health crisis within the clinical hospital environment As previously mentioned, with regard to the capability of pastoral care chaplains, there exists an assumption that the primary function of a chaplain is prayer and comfort of patient and family members during emergencies, and patient visits. Little consideration was given by the administration charged with forming the workplace violence teams or the pastoral care department when it came to the desired specialized

training required to efficiently operate as a clinically trained and certified mental health chaplain.

Chaplain mental health certification requirements vary according to the certifying bodies, however, in general the stipulations include continuing education hours, active collaboration, and participation in the mental health treatment teams. The Veteran's Administration has made this a common practice. As a mental health fellow with the Veteran's Administration from 2021-2022, mental health chaplains were regularly integrated and consulted with regarding both in and outpatient behavioral health issues relating to patient care. Chaplains regularly participate in records review to remove ideation flags from Veterans who have been placed in high-risk categories. Conversely, this information came as a surprise to the civilian mental health professionals who participated in this project.

Project participants were unaware of the depth of, and the culture of integration within the VA, and the professional requirements needed to collaborate with IDTs to address patient mental health needs during hospitalization. This was a positive outcome of the project because it demonstrated how varying organizational cultures, in this case, the Veteran's Administration serve as an example of successful collaboration on behalf of positive patient interaction and outcomes. This dissimilar strategy of integration provided a strong example for leaders to consider, revise, and possibly implement as a similar model in patient care.

Information shared in an interview from a prior military Behavioral Health professional indicated that during her career, she preferred working with chaplains who were experienced in fields of study that included professional counseling. The military

offers Family Life Chaplains, who are trained licensed counselors in psychology and or social work. The interviewee pointed out the stark difference between chaplains who were both familiar and comfortable working with those in mental health crisis and those who were more comfortable working in the familiar role of chaplaincy in a more traditional sense as a religious professional or pastor, more grounded in the role of administration

Prior to the onset of the project, and at present, the civilian hospital within the context of the project allows a chaplain-led spirituality group for the inpatient geriatric ward. This group takes place bi-weekly and is conducted by the project originator. All participants are ages fifty-five plus and suffer various mental and physical complications characterized by major depressive disorder, suicide ideation, schizophrenia, and more. This demonstrates the willingness of the administration to incorporate spirituality into patient care as an independent office of specialization, pastoral care. While the value of the geriatric spirituality groups is seen and appreciated, the thought of combining the two during high levels of acuity is generally not recommended. Psychotic patients first need to have their medication and acute needs regulated, prior to spiritual intervention, to avoid violent outbursts and danger to staff and other patients.

It has been observed through the research that Interdisciplinary team collaboration is welcomed more for patients who are stable as a standard scope of practice. Ethereal encounters with a goal to discuss meaning, belonging, and questions of ontology are better reserved for patients who have achieved the ability to mentally comprehend the subject matter and to participate in key methodologies such as Motivational Interviewing and Acceptance Commitment Therapy. Additionally, the questions from the Joint

Commission referencing spiritual care are also more than likely directed toward patients who are not experiencing a mental health crisis. As part of the research, this was thought to be a common denominator of understanding. The model for An Anthropology is focused on stabilized patients who are experiencing mental health issues.

Interview participants seemed eager to learn more about how to integrate the two interdisciplinary teams of behavioral health and pastoral care, and they were also interested in examining the outcome once implemented. Previously, the patient experience was strictly segregated into two different methodologies, one being physical, (pharmaceutical based) and spiritual (emotionally, religiously based). Participants also stated that team unity and integration between the two departments would also benefit from additional training on both sides. Participants agreed that additional chaplain training specializing in mental health and medical care team would benefit from greater training or information on the role of a mental health chaplain and their qualifications.

Currently, physicians regularly request staff consults through the workflow to pastoral care. If the medical care team feels that a patient is depressed, or in need of exploration of prognosis, or lacks support Pastoral Care is often contacted and asked to meet with those patients, perform spiritual assessments and provide comfort through spiritual support. Requests of this nature are regularly received and provide another anchor of proof regarding the value of spiritual care in the clinical environment. A further observation of this aspect of the project revealed that Pastoral Care regularly incorporates into their daily rotation patient visits and spiritual assessments for those in need of clinical services beyond medical care.

There is a recurrent population of patients who are actively diagnosed with various mental health disorders. However, unbeknownst to the patient, the medical care team, and sometimes to the chaplain, mental health needs and concerns are commonly met by clinical chaplains. Spiritual assessments are constructed in ways that explore both the spiritual and mental health standing of the patient. Clinical Pastoral Education (CPE) also includes a curriculum that explores behavioral theorists and encourages chaplains to become familiar with theorists that align most closely with their theology.

While chaplains do not engage in counseling sessions that deeply engage patients from a psychological perspective, they do offer a ministry of presence and provide a non-judgmental environment for the patient to freely share components of their mental health journey. This realization was not immediately recognized by participants. Religion-based visits were seen as strictly the norm to address spiritual pain. Incorporating CPE behavioral theorists into the visit was viewed a way to add behavioral health language into team collaboration through charting, and also as a way to assist behavioral health teams to recognize that common language, creating a bridge to unity, collaboration through common place understanding.

Additionally, among the organizational leaders and staff interviewed, the majority of participants adhered to personal religious convictions, and some are active members of their faith community. These beliefs served as secondary support for team integration. The context of the study took place in a densely religious population, with the majority being Catholic and secondarily a form of Protestant (Baptist, Non-Denominational, Lutheran etc.). To a degree the religious preference, frequency of church attendance, and spiritual belief systems remained in isolation from a holistic healing model for anything

greater than prayer. The proclivity to address the relationship between spirituality and physical health complications was not at all considered by all participants, specifically those within the structure who hold the ability to foster change. The revelation of Traditional Chinese Medicine during the discussion afforded a new way of visualizing the relationship between spirituality and health. “Issues in the tissues” is an adage often used by those in the holistic and various indigenous healing methodologies. The belief is that all sickness and disease are spiritually based and can be healed once the metaphysical complication can be resolved.

An unforeseen component that arose from the research was the level comfortability experienced by some participating chaplains to enter into the mental health arena as a clinical chaplain. They revealed their pastoral care function was more closely rooted and grounded in a spiritual base. While many endorsed the idea of team unity and cross collaboration, not all were willing to delve deeper than what the traditional pastoral care spiritual assessments offer. Some participants were open to the model of An Anthropology of Chaplaincy, because the model is biblically based in Jeremiah 29:11 and builds on the spiritual components of the patient. The model also clearly displays the relationship between spirituality and mental health and provides a non-traditional basis for addressing spiritual pain. Overall, those who felt uncomfortable were concerned with crossing boundaries of professionalism within their perspective discipline.

The civilian community clergy seemed to be most interested in collaboration and learning how to collaborate and incorporate mental health components into their congregations. As a whole, the ecumenical community within the context of the project realize that their church members also suffer from mental health issues that they or their

leaders are not trained to recognize or address. Additionally, the stigma of mental health still exists in the church and in some cultural communities. Religious communities who still view mental health only from a spiritual perspective without also seeking to understand the underlying biosocial components are at risk to cause great damage to congregants who are in dire need for interventions to spiritual pain and emotional/mental health assistance.

Civilian clergy welcomed and recognized that inner healing techniques that focused on categories recognized through the proposed Bio Social Model Re-imagined, provide a behavioral health foundation for understanding and acknowledging the categories that must be incorporated for consideration when working toward inner healing for congregation members. Larger congregations recognized the need to establish special teams with a pastoral care skill sets in order to better address the needs of the congregation through pastoral care. Many leaders recognized that the underlying issues related to mental health and the need for pastoral care services within the congregation. This recognition has been growing, many attributing it to the millennial generation who have de-stigmatized mental health, self-care and counseling and the need to include spiritual health as a component of healing within the congregation.

The Bio-Social Model Re-Imagined centers on Experience and is surrounded by categories which contribute further to the shaping of the individual. Surrounding categories include, biological, spiritual, psychological, reality (based on the Johari Window), truth, education, social, and finally cultural factors.

The purpose of the study was to assist in developing a progressive model for pastoral care which addresses spiritual pain, and at the same time enlarge the toolbox of

pastoral care as they join interdisciplinary teams closely related to assisting patients address spiritual/emotional and mental health crises. Therefore, the project outcome anticipated that a further understanding of the utility of clinically trained and board-certified clinical chaplains, through a series of symposiums, seminars, focus groups, questionnaires, and interviews, would facilitate the ability of participants to recognize the benefits of a collaborative effort between the two interdisciplinary teams.

The project is the anchor of the body of information that culminates in An Anthropology of Chaplaincy. The biblical perspective weaves both Christianity and folklore from patients, seamlessly allowing for the integration of Zora Neale Hurston's nontraditional anthropological methods of data collection, given in the Historical perspective. Theologically, Christian Anthropology, Womanist Theology, and Minjung Theology form the subfamily that undergirds the Interdisciplinary foundation of Attachment Theory. Attachment Theory provides for the cognizance and treatment of many of the issues that cause mental health crises. The project strived to share a model of trauma-informed care and to help others see the value of interdisciplinary partnership. A new perspective on how to provide pastoral care from a perspective of unity and collaboration, coupled with professional competency, was presented. Consequently, the project has also unexpectedly exposed the following outcomes:

1. Advocacy for the profession
2. Advocacy for the Kingdom
3. Advocacy for the under-served/misunderstood
4. Advocacy for a fresh perspective; modernizing pastoral care while remaining authentic to the Gospel.

Most Important Take Aways

The following are presented as the most valuable information obtained from the project that can be utilized to create a starting point for the integration of interdisciplinary teams with specific guidelines in place.

1. Many leaders were open to and inclined to accept the idea of a collaboration between pastoral care and behavioral health teams.
2. Health care mental health practitioners, both military and civilian, were more inclined to work with chaplains in an interdisciplinary environment when the chaplains had previous experience or training in mental health and working knowledge of behavioral health theorists. They felt that for this reason, they could more adeptly navigate the complexities related to mental health interventions, be they spiritual, medical, and emotional.
3. Leaders also incorporated a personal religious conviction that they could conceptualize being used by both patients and staff during mental health crisis incidents and emergencies.
4. Community clergies were very interested in learning more about pastoral care for their congregation and how they can better address the mental health needs from a spiritual perspective.

APPENDIX B

HUMAN SUBJECT CONSENT FORM

UNITED THEOLOGICAL SEMINARY
INFORMED CONSENT FORM

INVESTIGATOR: Chaplain JENNYE JENKINS

CONTACT: jjenkins1@united.edu (973)981-6745

Introduction: I am a doctoral student at United Theological Seminary

Purpose: I am conducting a study on the importance of the inclusion of chaplain alignment with interdisciplinary teams for the treatment of patients experiencing mental health crises in the clinical hospital setting.

Requirements for Participation: You are invited to participate based on your experience in the hospital setting and interaction with a chaplain as a patient, family member or friend of PT or as a PT provider.

Procedures:
If you agree to be in the study you will be asked to share your experience with the pastoral care or chaplain during your hospital stay, whether or not your religion or spirituality has helped you during your crisis, answerable through a questionnaire. You will also asked to keep a journal for six weeks to be presented at the end of a six-week symposium discussing the role and utility of chaplains in health care. We will have 6 focus group meetings, beginning July 1, 2025 which will meet for ninety minutes each session. The focus group will meet online via Zoom or Microsoft Teams depending on the accessibility of the participants to the video applications.

Human Subject Participation: All participants must have consented to the study and participants will be protected and treated fairly throughout the study. For example, children who are younger than 18 years old must have permission from their parents /guardians. Women who are pregnant or may become pregnant during the study are requested to provide a not from a physician for their safety since they are considered a protected class (vulnerable population) by Federal Law.

Risks:
Psychological discomfort may arise due to the request to recall and discuss previous hospitalizations or interactions with personnel under feelings of intense stress. A social worker, mental health care provider will be available after each session to assist those who request additional support after the session ends. Please send a private message to me, Chaplain Jenkins in the chat so that we may arrange for you and the provider to meet in a chat room after the session.

Benefits:
Your participation in this research will assist to help draw conclusions as to whether or not chaplains are helpful to individuals experiencing mental health crises in the hospital setting. It will also help to bring awareness to those who are the key leaders and decision

- makers in the development of policy, interdisciplinary team collaboration, and holistic patient care.

Voluntariness:
Participation is voluntary and you may skip questions you feel are uncomfortable to answer. You can also stop participating at any time. Your decision to leave will not impact the work or worship environment at any time. If something during the study makes you feel uncomfortable please contact me directly in person, by telephone or through electric communication. My contact information is at the top of the consent form. You can refuse to respond to any or all of the questions, and withdraw from the process at any time. Those who become pregnant or likewise become part of a protected group are free to withdraw at any time.

Confidentiality:
We will be careful to keep your information confidential and we request the focus group to keep the information confidential as we want to eliminate the risk of unwanted or accidental disclosure. The conversations are recorded and transcribed only with your permission. I will be the one with access. The files will be encrypted and password - protected.

Summary:
If you have any questions about the research study please contact me.

Signature:
Signing this paper means that you have read this document or had it read to you and that you want to be in this study. If you do not want to be in the study, do not sign. Being in the study is completely voluntary and you should feel no pressure to participate. Also if you must later withdraw after the start of the study it is not a problem for you to do so. You agree that you have been told about the study, and why it is being done, and what to do with respect to your participation.

_____
Signature of Person Agreeing to Participate in the Project/Study

APPENDIX C

PRE- AND POST-QUESTIONNAIRES

PRE AND POST QUESTIONNAIRES:

1. Are you familiar with the work of a Chaplain, hospital, or in another capacity to include military or police chaplains? (To ascertain current familiarity or experience with hospital chaplains.)
2. Is there a difference between a Pastor and a Chaplain? (To gain insight into the knowledge of the individual pastor vs an individual chaplain)
3. Have you ever been helped/harmed by a chaplain or other religious professional? (To make sure trigger points are mitigated during sessions and accommodate those who have experienced what is termed church hurt and or violation of boundaries/privacy by a pastor or chaplain.)
4. Do you follow a specific religious belief system? (To help the researcher develop a spiritual basis to use as a benchmark for the information sessions, specifically those who have experience with multiple religious doctrines.)
5. Did you grow up with a specific religious belief system? (To help gather information about the personal religious/spiritual experience of the participant.)
6. Do your religious/spiritual beliefs contradict your ability to practice allopathic medicine or psychological evaluations or interact with specific patients? (This question will assist the researcher in ascertaining how the religious beliefs of the participant/practitioner spiritual beliefs physically inform the application of healing methodologies in allopathic medicine.)
7. Does your spiritual/religious background assist you with life challenges? (This question will assist the researcher in clarifying how the research participants' religious/spiritual beliefs personally impact their ability to cope and apply those principles in a pragmatic way to their lives successfully or unsuccessfully.)
8. Do you believe there is a relationship between mental health and spirituality/religion with regard to hope and healing? (This question will help to clarify the participant's beliefs in

spirituality to actually render the problems faced by those experiencing mental health crises.)

9. In what ways can you incorporate a chaplain visit/pastoral care into your patient care? (This question will assist the researcher in identifying if the participant/practitioner utilizes traditional religious principles in practice or remains strictly secular in treating mental health patients, and whether or not they affirm patients who do incorporate religious/spiritual beliefs into their healing plan.)
10. Do you believe religion/spirituality contributes to finding meaning and purpose? How? (This question is a rephrase of question seven to ascertain the degree to which the participants/practitioner genuinely incorporates religion/spirituality into their own personal lives.)

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